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Third-Party Medical Care Plans

A Statement of The Council
Regarding Ethical Status of
Participating Physicians ... Page

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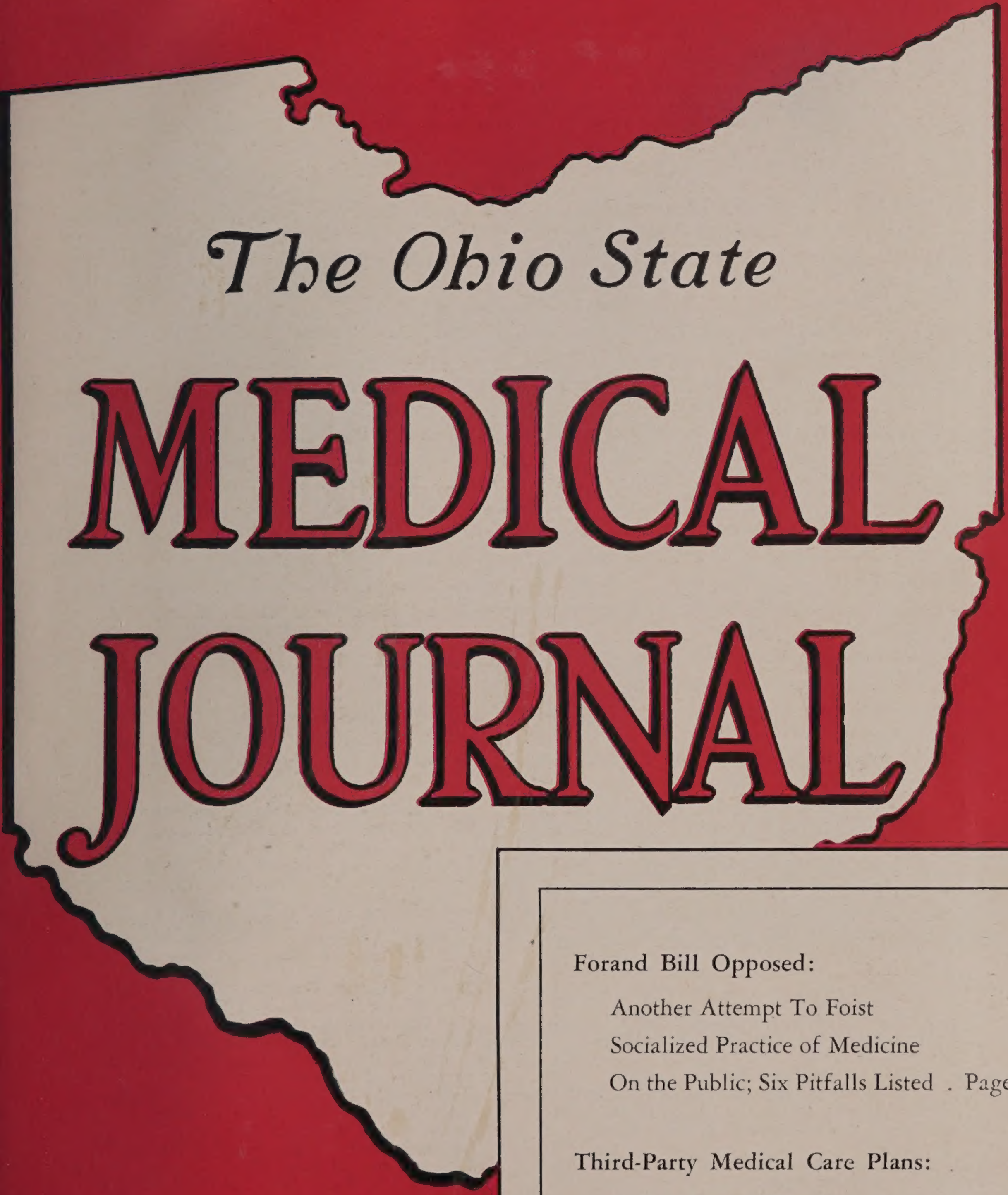
January 1958 ★ VOLUME 54 ★ NUMBER 1



The Ohio State MEDICAL JOURNAL

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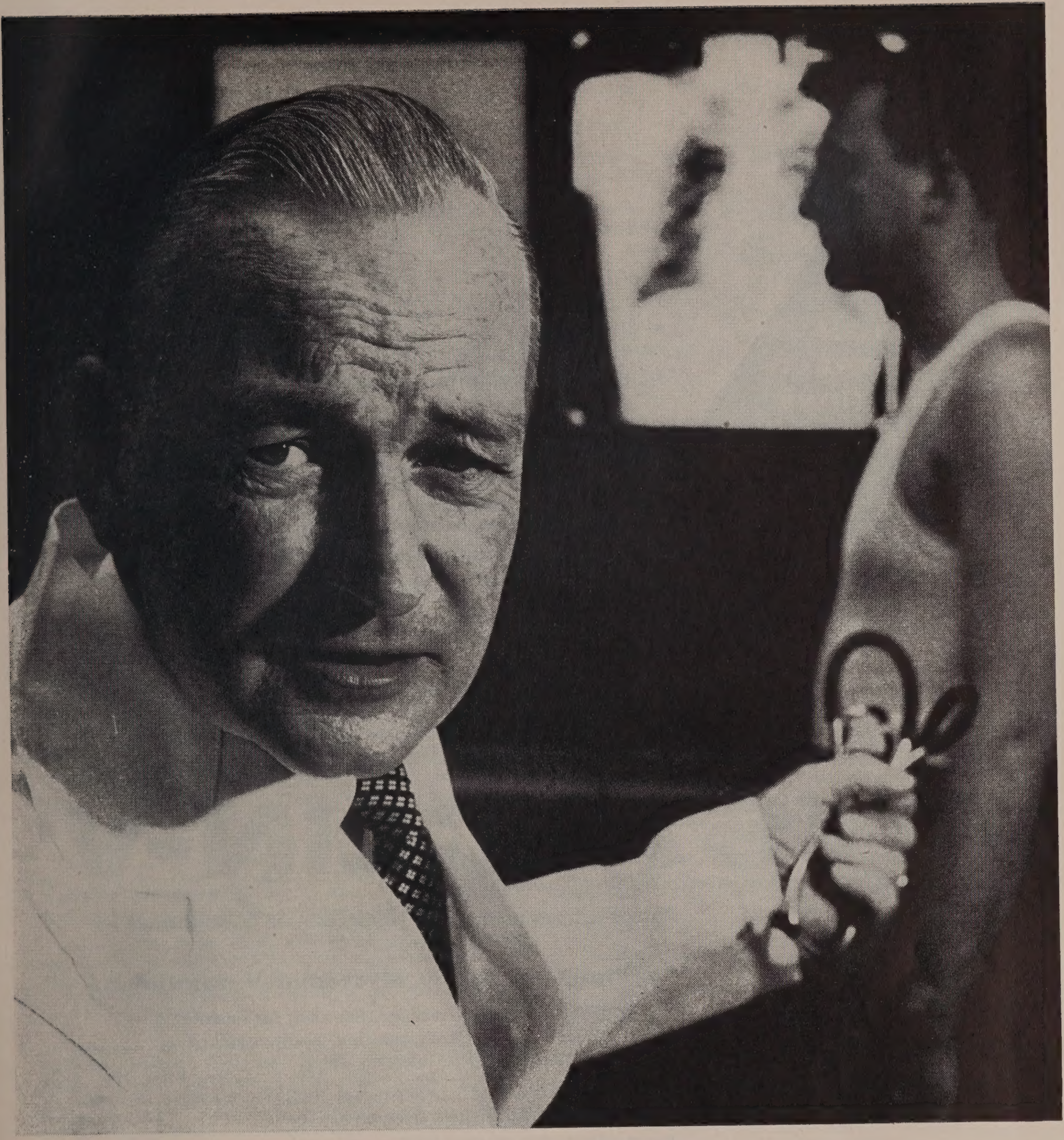

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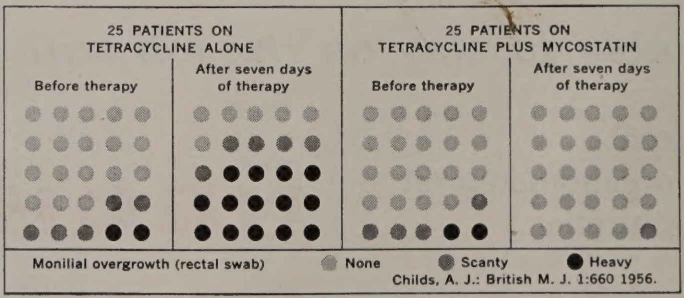

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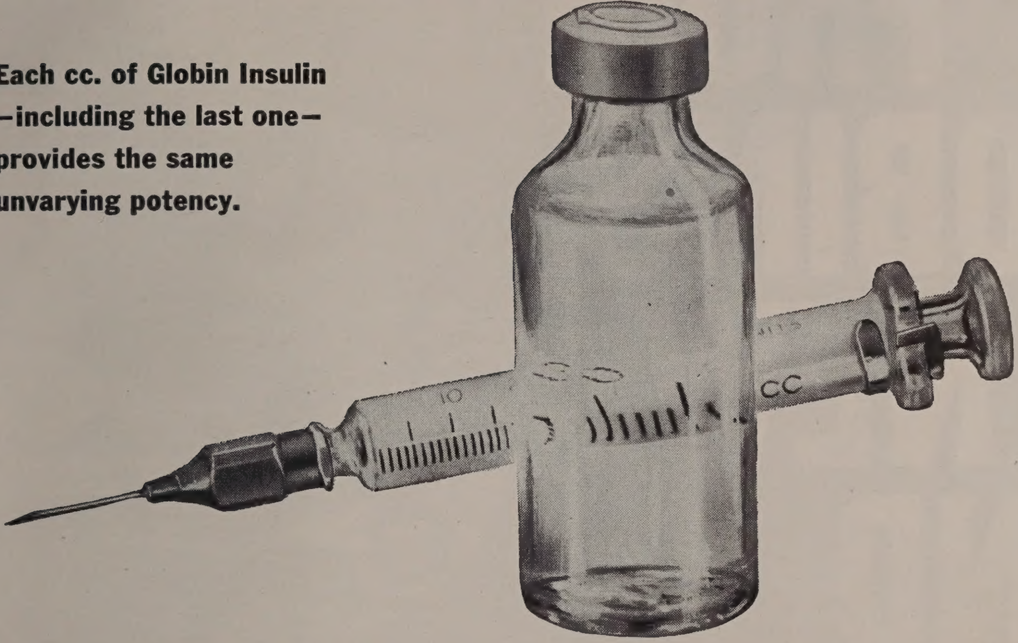

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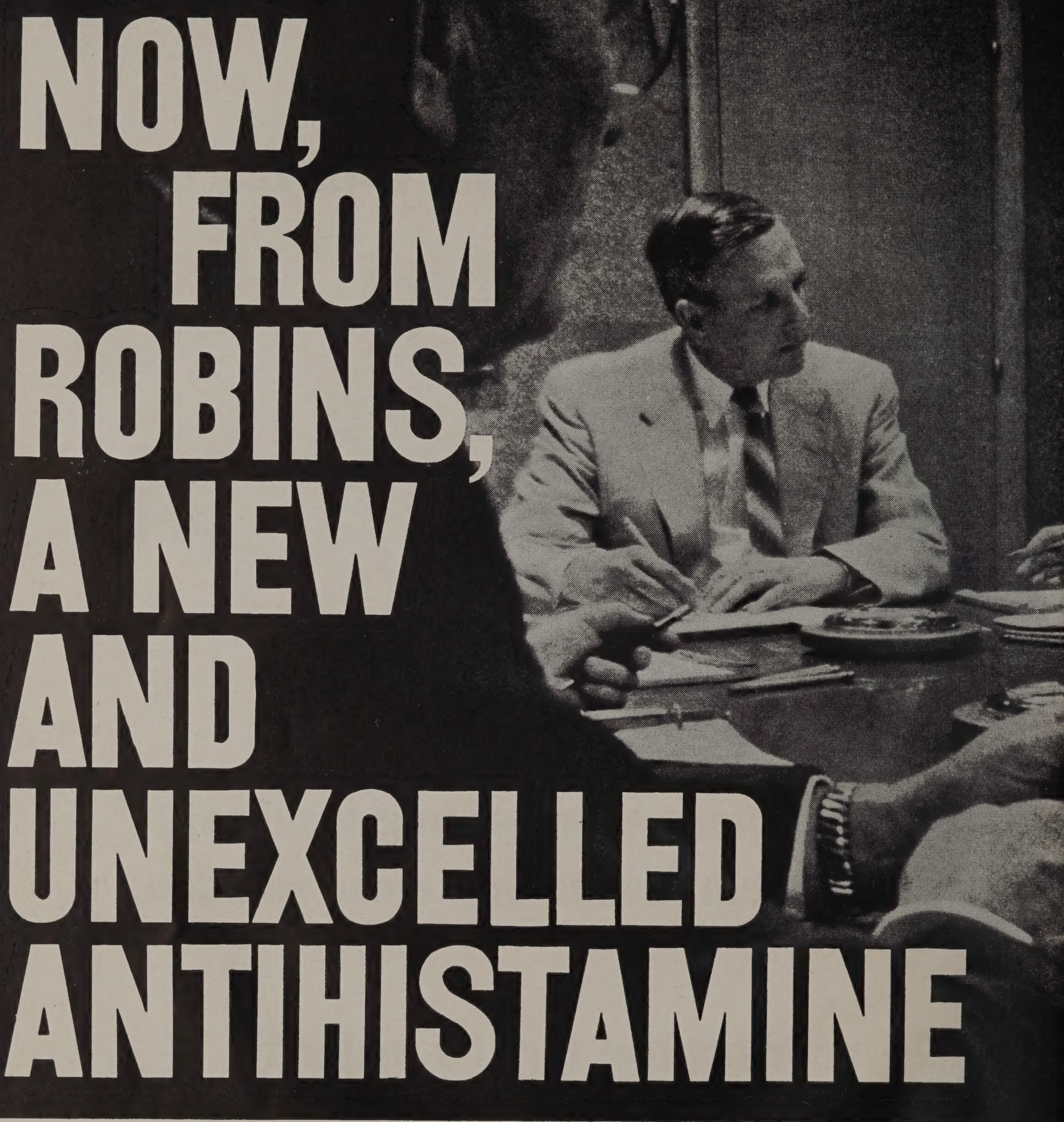

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Diagnosis	No. of Patients	Response				Side Effects
		Excellent	Good	Fair	Negative	
Allergic rhinitis and vasomotor rhinitis	30	14	9	5	2	Slight Drowsiness (3)
Urticaria and angioneurotic edema	3	1	1	1		Dizzy (1)
Allergic dermatitis	2		1	1		Slight Drowsiness (2)
Bronchial asthma	1		1			
Pruritus	1		1			
Total	37	15	13	7	2	Drowsiness (5) Dizzy (1) 16.2%

From the preliminary **Dimetane Extentabs** studies of three investigators. Further clinical investigations will be reported as completed

it's easy to remember Di´me tane
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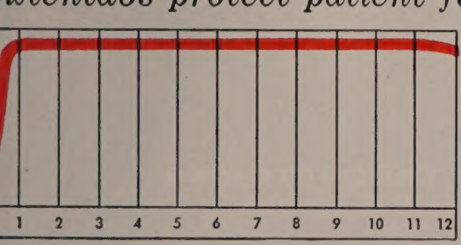

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Washington Roundup . . .

News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

Federal medical-health spending for fiscal year ending June 30 may reach more than $2,500,000,000 as that is the amount appropriated for 23 departments and agencies. Biggest item is $849,395,800 for Department of Health, Education and Welfare, followed closely by VA appropriation of $849,374,000.

* * *

The "big push" to catch up with Russia's scientists involves medicine in two aspects: (1) Eisenhower has said Congress faces task of cutting out programs "not absolutely essential," meaning that federal medical programs "not absolutely essential" will be under close scrutiny, and (2) if any broad program of scholarships is eventually offered, medical studies will not be ignored.

* * *

Public Health Service has completed allocation of 60 million dollars voted for laboratory research facilities, with recipients matching that amount. Applications for grants far exceeded amount of money available. The facilities are for research in cancer, heart disease, mental illness and other diseases.

* * *

National Health Survey has produced statistics indicating that 45 million Americans under 40 years of age still have not received Salk vaccine, while approximately 34 million have received three shots.

* * *

A new report from the National Science Foundation calls for stepped up research in science, including medicine, but advocates more money be sought from non-government sources rather than seek additional Federal funds. The Foundation said this could be encouraged by changing internal revenue laws.

* * *

Social Security Administration research shows fewer people receiving old age assistance payments, but the total amount spent on this program continues to increase. Latest figures show assistance payments to 167 out of each 1,000 old people, compared with 226 per 1,000 in 1950. Steady drop in individuals on OAA is attributed to expanded Social Security coverage.

* * *

State and Territorial Health Officers' 1957 annual conference endorsed five-year extension of Hill-Burton program and AMA proposal of local committees on problems of the aged within medical societies.

Health Information Foundation reports that accidents, despite much progress in their prevention, continue to be the fourth leading cause of death in the U. S. Report stated that while the annual figure has remained fairly constant at about 100,000 since 1932, death rates per 100,000 population have dropped 40 per cent in the last half century.

* * *

Communicable Disease Center, USPHS, has collected data showing 5,805 polio cases during first 48 weeks of 1957, compared with 15,036 for that period in 1956 and 28,842 in 1955.

* * *

Atomic Energy Commission has lowered permissible radiation exposure level. Limit of 15 rems in one year is retained but average over a period of years may not now exceed five rems per year. For example, employee in a sensitive area may not receive more than 150 rems in 30 years, compared with 450 rems under the old limit.

* * *

Veterans Administration reports marked effectiveness in use of chlorothiazide with other drugs in treating high blood pressure. The new drug is said to reduce unpleasant effects from other drugs. Drug combinations with chlorothiazide gave an average blood pressure reduction of 27 per cent, compared with 11 per cent drop in pre-treatment level with older drugs alone. Research is continuing.

* * *

Public Health Service has contracted six research organizations for production of new potential anticancer compounds, antimetabolites and hormonal substances, both of which are known to hinder cancer cell growth. The chemicals will be used on three types of animal tumors and, if successful, will be used clinically in hospitals cooperating with the National Cancer Institute.

* * *

After six months of operating its disability payments program, Social Security Administration reports disability checks total nearly $10-million a month, with average monthly payment $72.24. By next July, number on rolls is expected to reach 200,000 persons. If average payment continues, program then would cost $14,448,000 a month.

* * *

In its first year of operation, Medicare spent $43 million, with $22 million going to civilian physicians and $21 million to civilian hospitals; administrative costs ran about 3 per cent. Some claims were still pending when these figures were announced.

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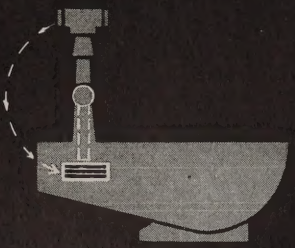

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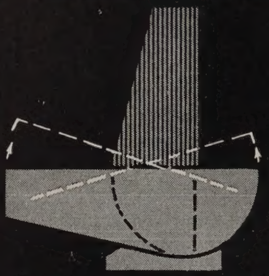

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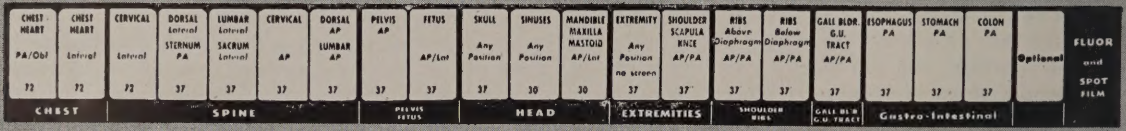
CHEST HEART PA/Obl 72
CHEST HEART Lateral 72
CERVICAL Lateral 72
DORSAL Lateral STERNUM PA 37
LUMBAR Lateral SACRUM Lateral 37
CERVICAL AP 37
DORSAL AP LUMBAR AP 37
PELVIS AP 37
FETUS AP/Lat 37
SKULL Any Position 37
SINUSES Any Position 30
MANDIBLE MAXILLA MASTOID AP/Lat 30
EXTREMITY Any Position no screen 37
SHOULDER SCAPULA KNEE AP/PA 37
RIBS Above Diaphragm AP/PA 37
RIBS Below Diaphragm AP/PA 37
GALL BLDR. G.U. TRACT AP/PA 37
ESOPHAGUS PA 37
STOMACH PA 37
COLON PA 37
Optional
FLUOR and SPOT FILM
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PELVIS FETUS
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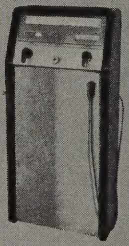

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when anxiety and tension "erupts" in the G. I. tract...

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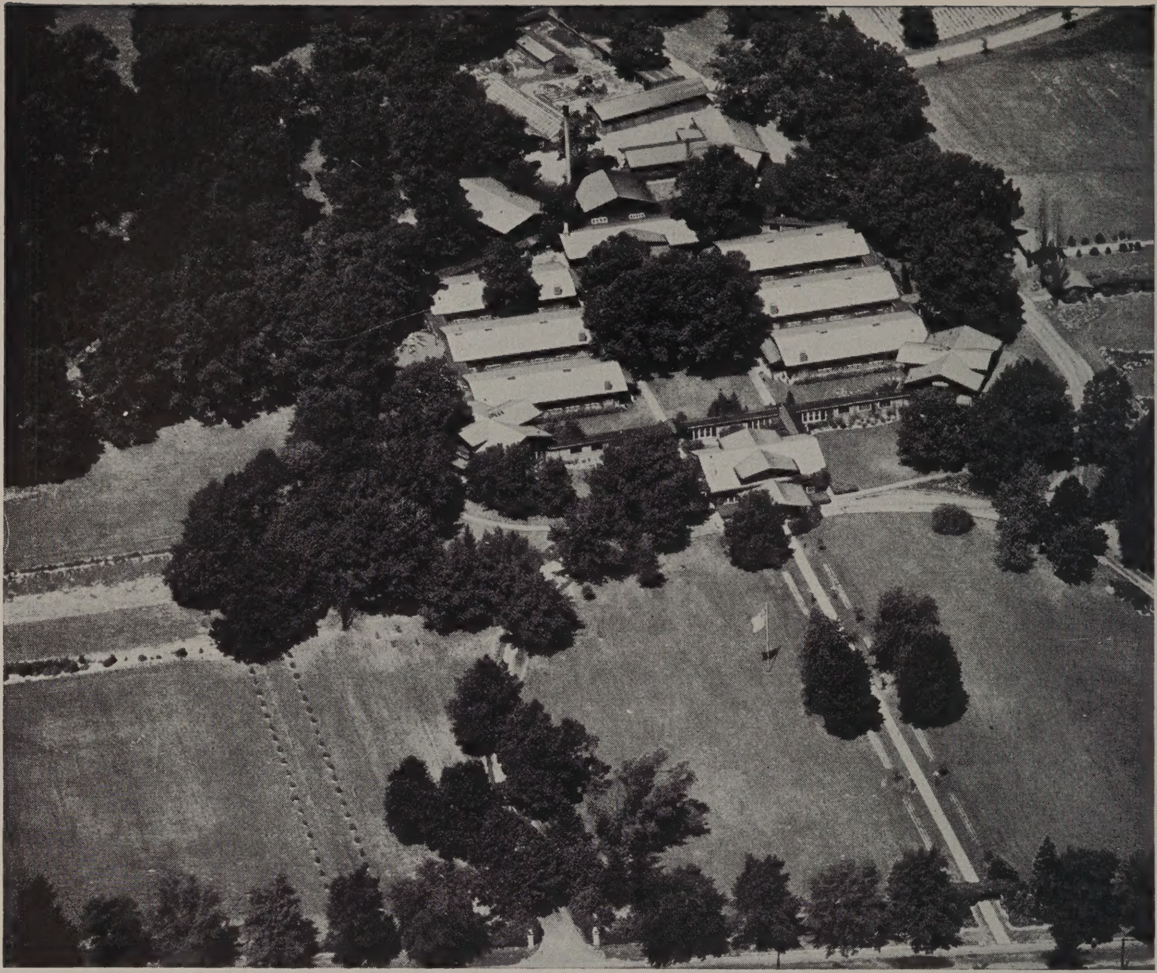

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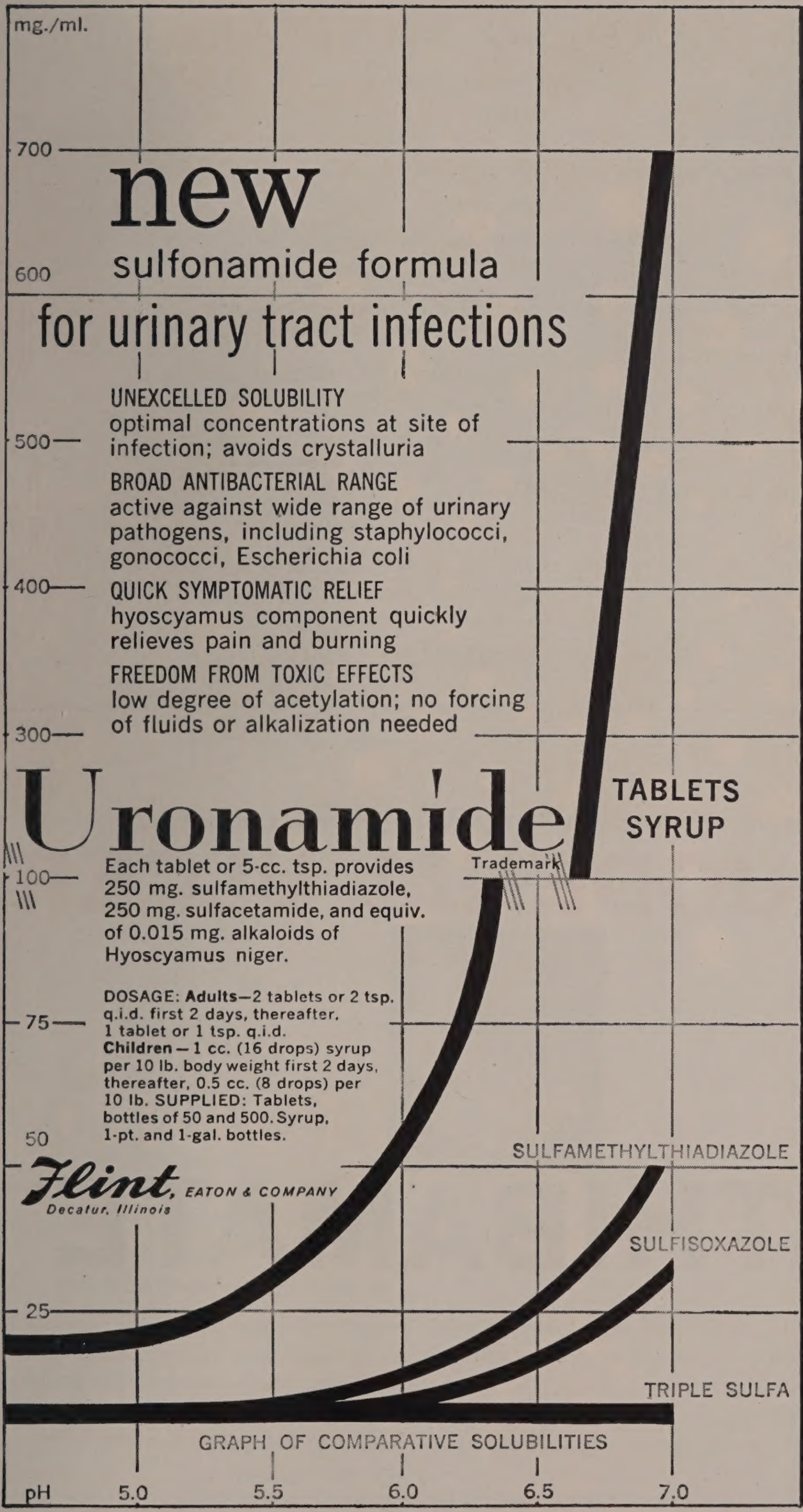

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sulfonamide formula

for urinary tract infections

UNEXCELLED SOLUBILITY
optimal concentrations at site of infection; avoids crystalluria

BROAD ANTIBACTERIAL RANGE
active against wide range of urinary pathogens, including staphylococci, gonococci, Escherichia coli

QUICK SYMPTOMATIC RELIEF
hyoscyamus component quickly relieves pain and burning

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TABLETS
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Each tablet or 5-cc. tsp. provides 250 mg. sulfamethylthiadiazole, 250 mg. sulfacetamide, and equiv. of 0.015 mg. alkaloids of Hyoscyamus niger.

DOSAGE: **Adults**—2 tablets or 2 tsp. q.i.d. first 2 days, thereafter, 1 tablet or 1 tsp. q.i.d. **Children**—1 cc. (16 drops) syrup per 10 lb. body weight first 2 days, thereafter, 0.5 cc. (8 drops) per 10 lb. SUPPLIED: Tablets, bottles of 50 and 500. Syrup, 1-pt. and 1-gal. bottles.

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"Sulfamethylthiadiazole . . . effective chemotherapeutic agent in urinary infection...tolerated quite well . . . bacterial spectrum is comparable to that of sulfadimetine and sulfisoxazole."[1]

"[Sulfacetamide]...among the least toxic but one of the most effective of the sulfonamides against urinary tract pathogens."[2]

1. Hughes, J., et al.: South. M. J. 47:1082, 1954.
2. Kerley, L., and Headlee, C. P.: J. Am. Pharm. A. (Scient. Ed.) 48:82, 1956

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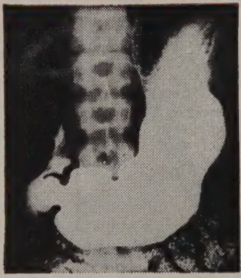
when anxiety and tension "erupts" in the G. I. tract...

IN DUODENAL ULCER



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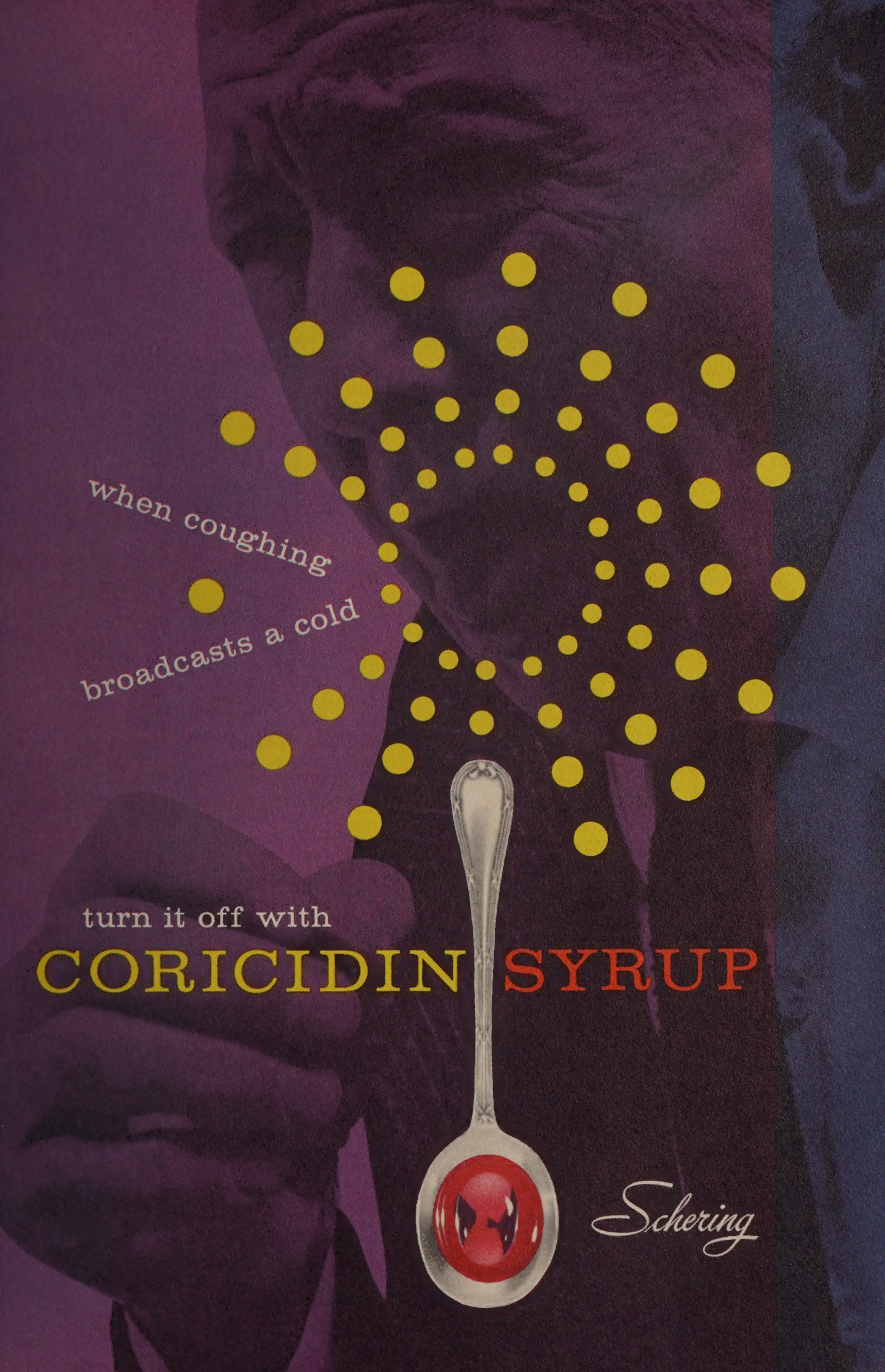
when coughing
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turn it off with
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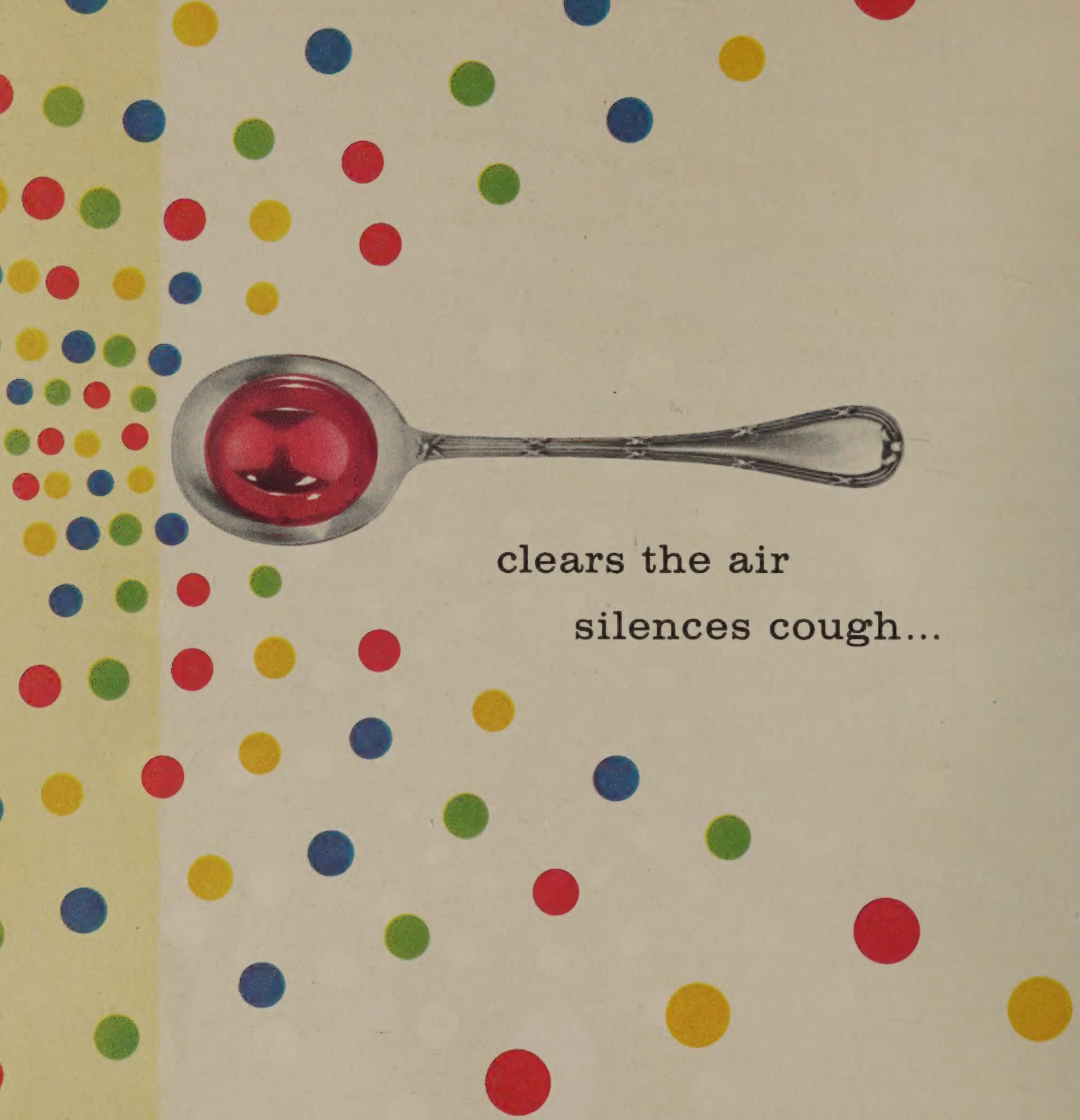

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Dihydrocodeinone bitartrate	1.67 mg.
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In Our Opinion: Comments on Current Economic and Social Questions and Professional Problems; Suggestions Regarding Organized Activities

GOOD JUDGMENT OF OHIO LEGISLATURE CONFIRMED

At a recent meeting the Council on Industrial Health of the AMA took action advocating discontinuance of the use of fluoroscopes for fitting of shoes. The Council noted that these devices "expose shoe sales personnel and customers, particularly children, and bystanders to a hazard which they do not recognize or appreciate, and cannot be controlled effectively." The resolution stated that fluoroscopes are of no real value in shoe-fitting and that "a high percentage of shoe fitting fluoroscopes are frequently in poor repair and emitting dangerous stray radiation."

It will be recalled that the Ohio General Assembly at its 1957 session enacted a law giving the State Director of Health the authority to regulate the use of fluoroscopes for non-medical purposes. Action of the AMA body confirms the good judgment of the Ohio Legislature.

THIS COULD BE FIRST STEP TO UNIFY RESEARCH

Creation of the American Medical Research Foundation by the AMA could well be a long step in the direction of unifying a great deal of the scattered activities now taking place in the field of medical and health research. Certainly some centralization and standardization of research in medicine and health is badly needed. The House of Delegates of the Ohio State Medical Association expressed that sentiment at the 1957 Annual Meeting. A resolution expressing these views was presented by Ohio delegates to the AMA House of Delegates last June and referred to the AMA Board of Trustees for action. Let's hope that the new research foundation will be used as a vehicle to bring about much-needed improvement in a confused area.

KEEP YOUR POWDER DRY IN WAR AGAINST TB

Although active tuberculosis has declined 30 per cent in five years, there can be no complacency as the general control picture is not entirely reassuring, a report of the U. S. Public Health Service and the National Tuberculosis Association points out, following a nationwide survey.

The check shows that despite intensive efforts for control, almost 40 per cent of the active cases are unknown to health authorities, and these people are not receiving treatment. ("Unknown" cases are estimated on the basis of x-ray survey findings.) In the five years there has been no decrease in number of persons who are or have been ill with the disease, and there are still about 250,000 persons known to have tuberculosis in its active form. The most encouraging phase of the report is that active cases have dropped from 350,000 to 250,000 and inactive cases requiring supervision of health departments from 600,000 to 550,000.

It is obvious that a big job remains to be done.

UNCLE SAM'S HEALTH BUSINESS IS BIG BUSINESS

Running health programs is big business so far as the Federal Government is concerned. If you don't believe it, read the facts as revealed by the latest study on this question by the Washington Office of the American Medical Association—and become convinced that the statement above is true.

Just how much money the Federal government does spend on health programs and just how is it spent are not easy questions to answer. But the AMA office has pieced together all of the bits and pieces of information needed to explain where and how the U. S. is involved in medicine, from cancer research to treating workmen's sniffles, and has come up with the answer that for all health and medical purposes, the U. S. during the current fiscal year which ends next June 30 is spending approximately two and one-half billion dollars. This—despite months of economy talk in the administration and in Congress earlier in the year—is about the same figure as last year.

The survey also unearthed some interesting sidelights that show perhaps more graphically than the dollar marks the extent to which Federal medical activities are spreading among almost all agencies and departments.

At least 23 U. S. cabinet departments and independent agencies are engaged in some medical operations, and there are at least 79 separate health-medical activities worthy of listing and describing. Many of these in turn are responsible for scores and scores of individual operations.

This year the relatively new Department of Health, Education and Welfare tops the list of all departments in health-medical spending with $849,394,800, bounding past Veterans Administration and Defense Department, which up to now have been at the head of the column. VA is spending $849,374,000, within $20,000 of HEW, but Defense Department this year drops back more than $80-million, to $702,000,000, largely because the decreasing size of the armed forces means fewer uniformed men and dependents to care for.

Next comes Atomic Energy Commission, but its medical spending of $40-million—mostly for research—is far down the column from the Big Three.

International Cooperation Administration has $37-million to help our friends overseas to raise their medical standards. The other 19 departments and agencies have substantially less, the last item being the $12,145 allocated to the physician entrusted with keeping members of Congress as healthy as possible.

For the first time the AMA report compiles information on the programs in which the U. S. participates for payments because of disability. Among those receiving these payments are veterans, disabled beneficiaries under social security, disabled railroad workers, etc.

Because this money is not all Federal and comes from several tax sources—OASI and railroad payroll deductions as well as general U. S. revenue—it is not added to other federal medical costs in the AMA study. For the current fiscal year the total of these "payments for disability" is about $3.2-billion.

PUBLIC WILL COOPERATE IF PROPERLY TOLD

Some time ago a radio station in Pittsburgh presented a program, sponsored by the local medical society, on the importance of autopsies.

Since then it is reported that the autopsy rate in Pittsburgh has risen from 38 per cent to 60 per cent, apparently because of the program.

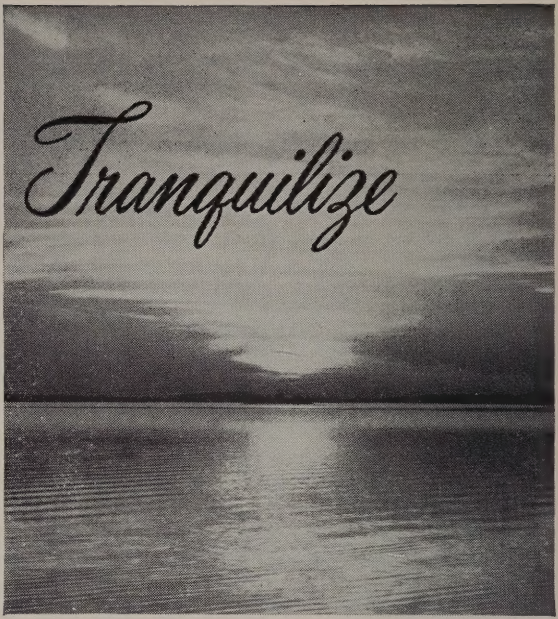
Hunch for medical societies and hospitals in areas in Ohio where there is need for an increasing in the autopsy rate!

AMA DOLLARS SPENT IN EFFECTIVE MANNER

Now that it is time for members to pay 1958 dues in their local, state and national medical societies, one hears, occasionally, this question: "What does the AMA do with its money?"

In our opinion, the AMA does not have to apologize for what it does with its money as the over-all program of the AMA is a good one and the money is being spent wisely and effectively. Nevertheless, for the information of all, here is a breakdown on some of the major expense items in 1956, in round figures, exclusive of costs of publishing the AMA Journal and other magazines:

Public relations, $400,000; Council on Medical Education and Hospitals, $376,000; Bureau of Health Education, $296,000; Washington Office, $227,000; Council on Medical Service, $206,000; Membership Records, $202,000; Bureau of Medical Economic Research, $173,000; Biographical Records, $155,000; American Medical Education Foundation Overhead, $119,000; Law Department, $111,000; Bureau of Exhibits, $109,000; Council on Drugs, $99,000; Council on Industrial Health, $76,000; Council on Rural Health, $68,000; Council on Medical Physics, $61,000; Council on Foods and Nutrition, $56,000.



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ACETYLCARBROMAL TABLETS

- Proved safe and effective by 6 years' clinical use.
- Soothes the central nervous system, produces calmness without hypnosis.
- Non-toxic, non-cumulative, non-addicting, no known contraindications.
- Does not impair mental or physical function.
- Orally effective within 30 minutes for sustained action up to 6 hours.
- Economical.

Indications: Tension, nervousness, anxiety and muscular spasm.

Supplied: White round tablets Acetylcarbromal 5 gr. in bottles of 100, 1000.

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STOP respiratory congestion orally

relief in minutes..lasts for hours

In the common cold, nasal allergies, sinusitis, and postnasal drip, one timed-release Triaminic tablet brings welcome relief of symptoms *in minutes.* Running noses stop, clogged noses open—and *stay* open for 6 to 8 hours. The patient can breathe again.

With *topical* decongestants, "unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . ."* The patient then must reapply the medication and the vicious cycle is repeated, resulting in local overtreatment, pathological changes in nasal mucosa, and frequently "nose drop addiction."

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent nasal pathology.

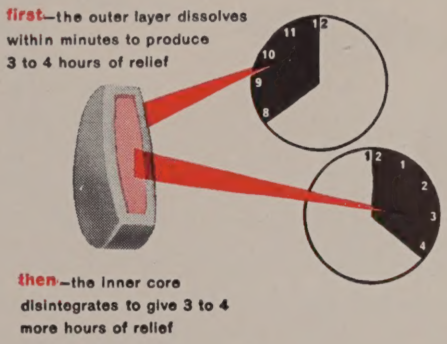
*Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

Each double-dose "timed-release" TRIAMINIC
Tablet contains:

Phenylpropanolamine hydrochloride	50 mg.
Pyrilamine maleate	25 mg.
Pheniramine maleate	25 mg.

Dosage: 1 tablet in the morning, afternoon, and in the evening if needed.

Each double-dose "timed-release" tablet keeps nasal passages clear for 6 to 8 hours— provides "around-the-clock" freedom from congestion on just three tablets a day



first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief
12
11
10
9
8
12
1
2
3
4
then—the inner core disintegrates to give 3 to 4 more hours of relief

Also available: Triaminic Syrup, for children and those adults who prefer a liquid medication.

Triaminic® *"timed-release" tablets*

STOP *running noses . . . and open stuffed noses orally*

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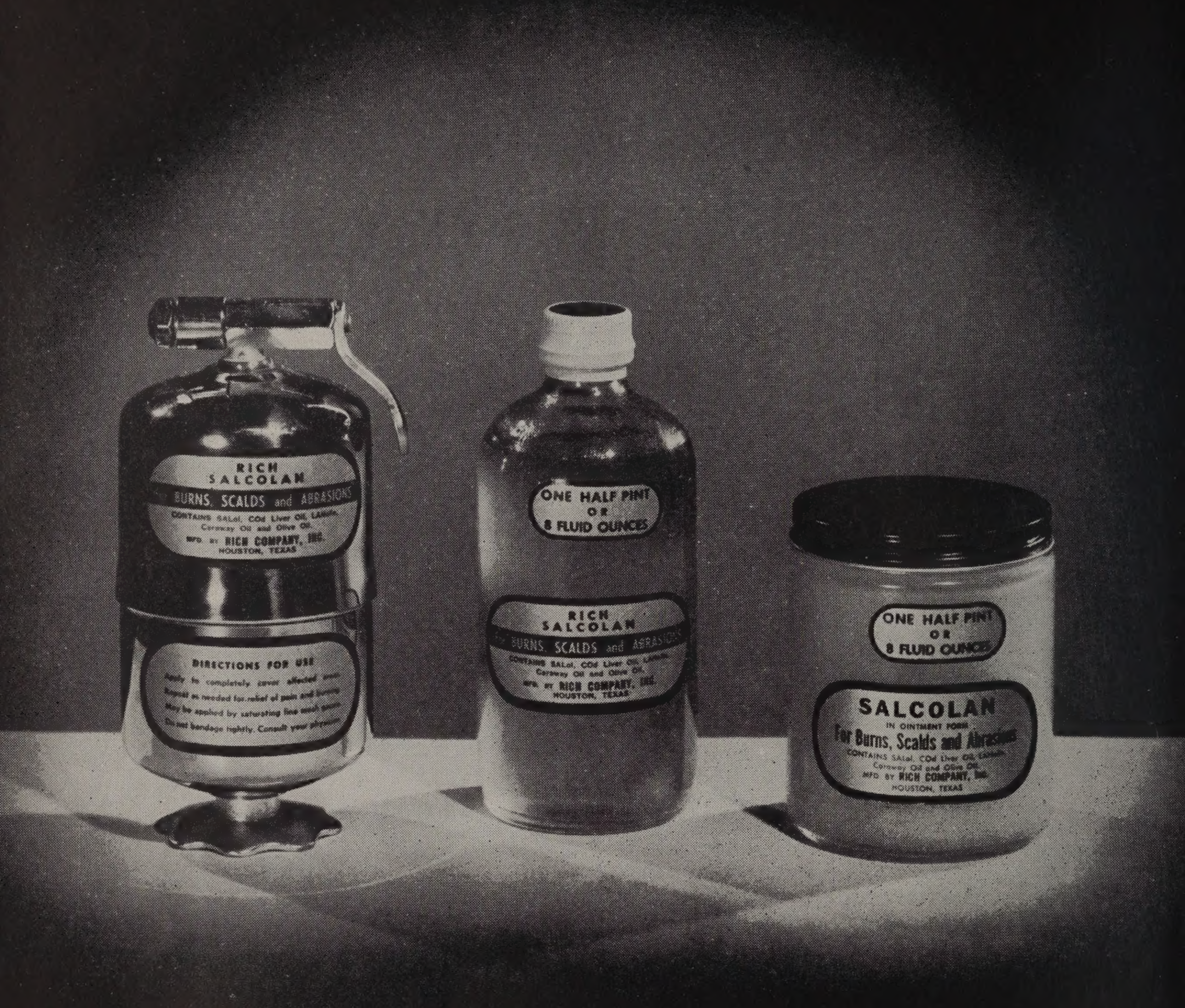
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★ "Initial rapid pain relief, early tissue regrowth, control of secondary infection."

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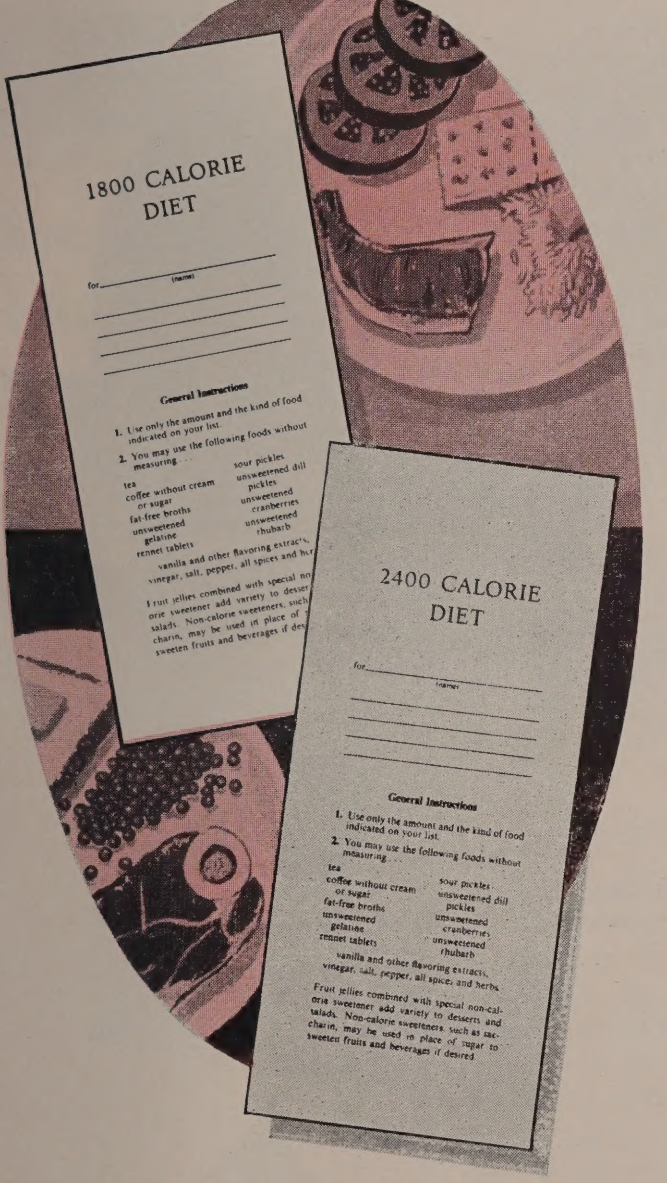
1800 CALORIE DIET

for ______ (name)

General Instructions

1. Use only the amount and the kind of food indicated on your list.
2. You may use the following foods without measuring . . .

tea
coffee without cream or sugar
fat-free broths
unsweetened gelatine
rennet tablets
sour pickles
unsweetened dill pickles
unsweetened cranberries
unsweetened rhubarb

vanilla and other flavoring extracts,
vinegar, salt, pepper, all spices and her

Fruit jellies combined with special no
orie sweetener add variety to desser
salads. Non-calorie sweeteners, such
charin, may be used in place of
sweeten fruits and beverages if des

2400 CALORIE DIET

for ______ (name)

General Instructions

1. Use only the amount and the kind of food indicated on your list.
2. You may use the following foods without measuring . . .

tea
coffee without cream or sugar
fat-free broths
unsweetened gelatine
rennet tablets
sour pickles
unsweetened dill pickles
unsweetened cranberries
unsweetened rhubarb

vanilla and other flavoring extracts,
vinegar, salt, pepper, all spices and herbs

Fruit jellies combined with special non-calorie sweetener add variety to desserts and salads. Non-calorie sweeteners, such as saccharin, may be used in place of sugar to sweeten fruits and beverages if desired.

Upon your request, The Armour Laboratories will be pleased to send you a complimentary supply of 1800 and 2400 calorie diets . . . low in carbohydrate and high in unsaturated fats . . . intended for use in conjunction with ARCOFAC, the Armour preparation designed to lower elevated blood cholesterol.

Arcofac need be taken only once a day . . . in relatively small amounts . . . and allows the patient to eat a balanced, nutritious and palatable diet.

Each tablespoonful of ARCOFAC emulsion contains:

Linoleic acid*	6.8 Gm.
Vitamin B_6	0.6 mg.
Mixed tocopherols (Vitamin E)	11.5 mg.

*derived from safflower oil which contains the highest concentration of unsaturated fatty acids of any commercially available vegetable oil.

Arcofac is available in bottles of 12 fluid ounces.

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Aquasol A-C-D drops

superior activity – provides *all* immediately utilizable physiologically active isomers of natural vitamin A – together with complete natural vitamin D complex, a superior antirachitic.

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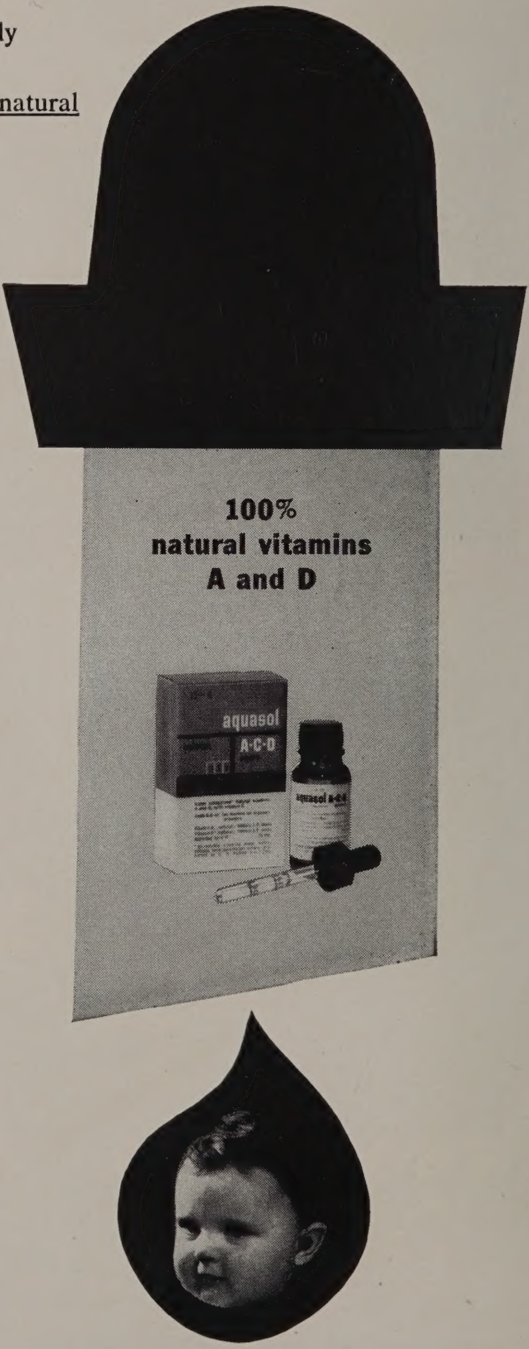
superior toleration – specially processed to remove allergenic and non-vitamin factors of fish liver oil.

superior convenience – mixes readily with milk or formulas; may be given with foods or directly on tongue.



Each 0.6 cc. of Aquasol A-C-D Drops provides:

Vitamin A* (natural) . . .	5000 U.S.P. Units
Vitamin D* (natural) . . .	1000 U.S.P. Units
Ascorbic Acid (C)	75 mg.

*oil-soluble vitamins made water-soluble with sorethytan esters; protected by U. S. Patent 2,417,299, owned and controlled by U. S. Vitamin Corporation.

In bottles of 15 cc. and 30 cc. with dropper.

Samples on Request.

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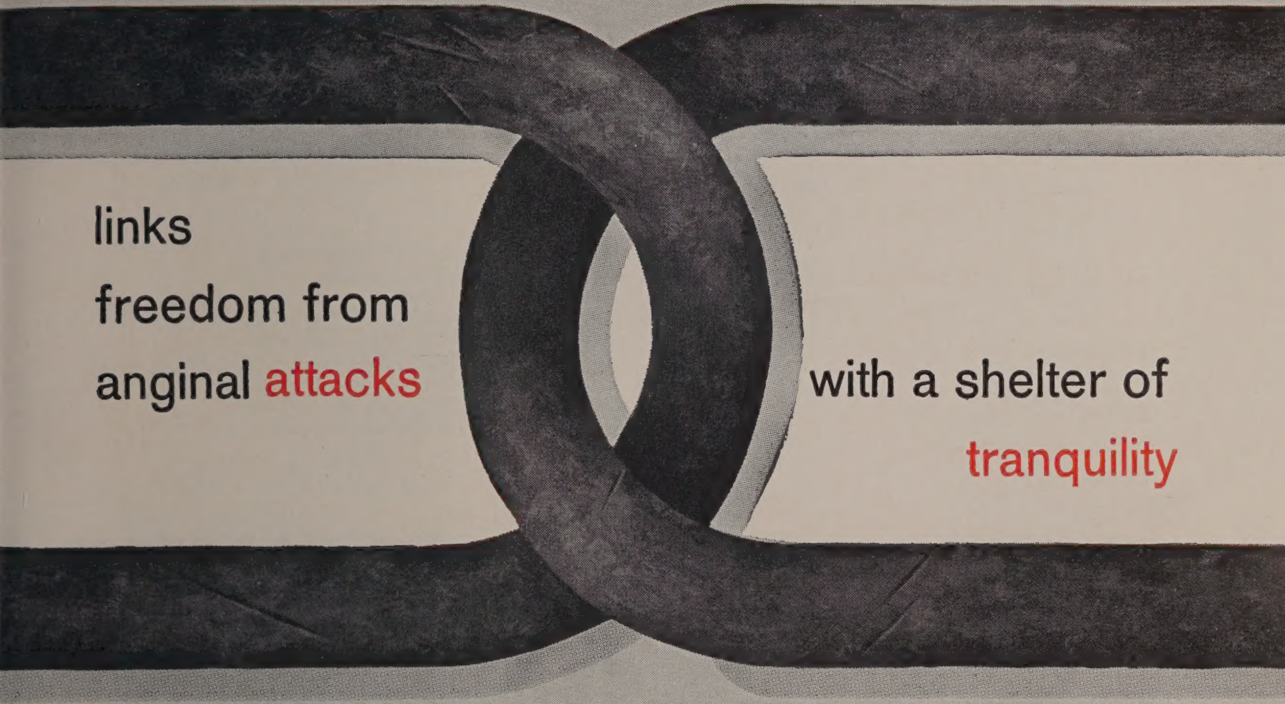
new for angina

PETN + ATARAX®

(PENTAERYTHRITOL TETRANITRATE) (HYDROXYZINE)

CARTRAX*



In pain. Anxious. Fearful. On the road to cardiac invalidism. These are the pathways of angina patients. For fear and pain are inexorably linked in the angina syndrome.

For angina patients—perhaps the next one who enters your office—won't you consider new CARTRAX? This doubly effective therapy combines PETN (pentaerythritol tetranitrate) for lasting vasodilation and ATARAX for peace of mind. Thus CARTRAX relieves not only the anginal pain but reduces the concomitant anxiety.

Dosage and supplied: begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated, this may be increased for more optimal effect by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100. CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

"Cardiac patients who show significant manifestations of anxiety should receive ataractic treatment as part of the therapeutic approach to the cardiac problem."[1]

Roerig

New York 17, New York
Division, Chas. Pfizer & Co., Inc.

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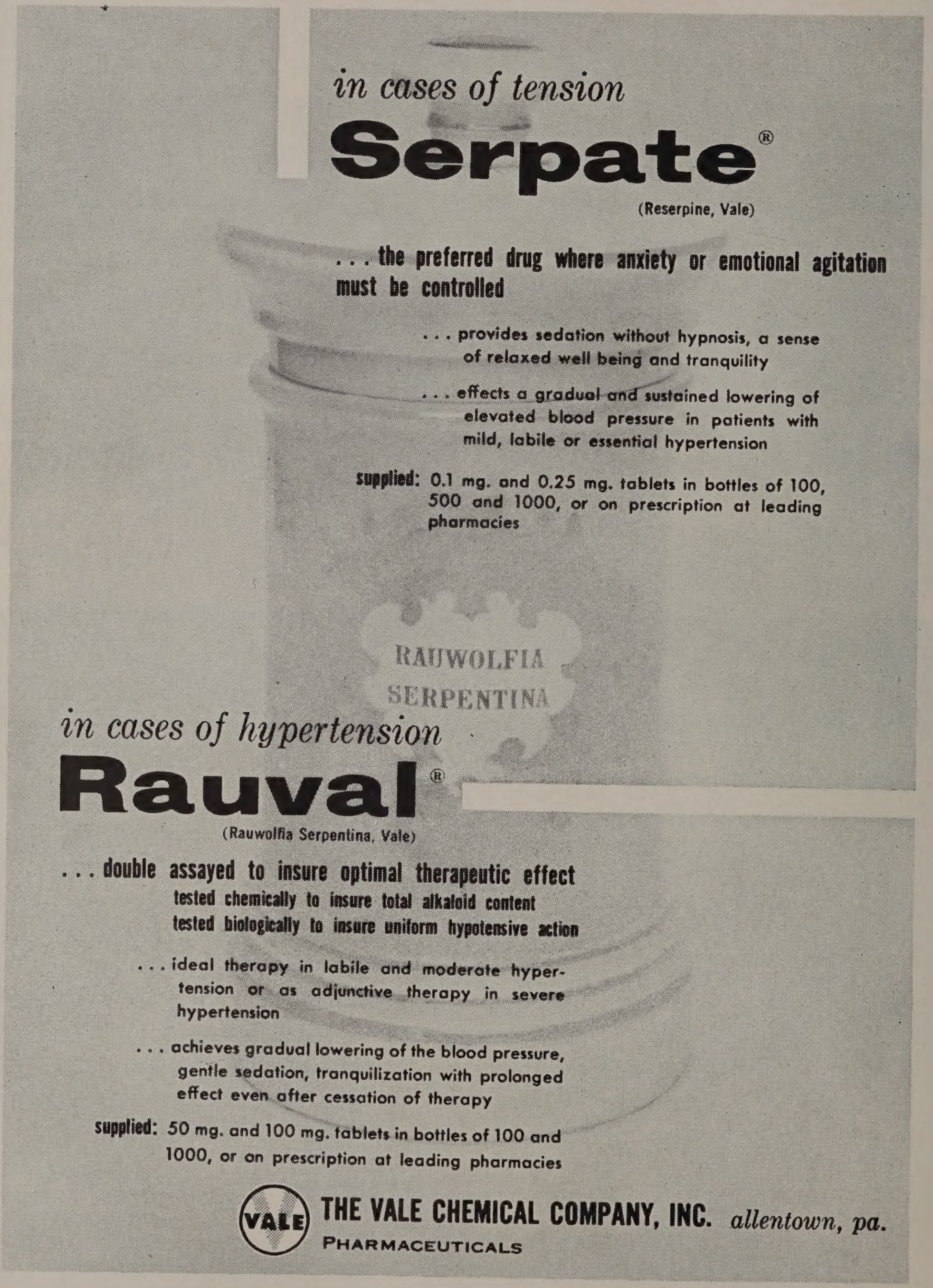
1. Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. *8*:1075 (July) 1957.

*TRADEMARK



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Serpate®

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. . . the preferred drug where anxiety or emotional agitation must be controlled

. . . provides sedation without hypnosis, a sense of relaxed well being and tranquility

. . . effects a gradual and sustained lowering of elevated blood pressure in patients with mild, labile or essential hypertension

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in cases of hypertension

Rauval®

(Rauwolfia Serpentina, Vale)

. . . double assayed to insure optimal therapeutic effect
tested chemically to insure total alkaloid content
tested biologically to insure uniform hypotensive action

. . . ideal therapy in labile and moderate hypertension or as adjunctive therapy in severe hypertension

. . . achieves gradual lowering of the blood pressure, gentle sedation, tranquilization with prolonged effect even after cessation of therapy

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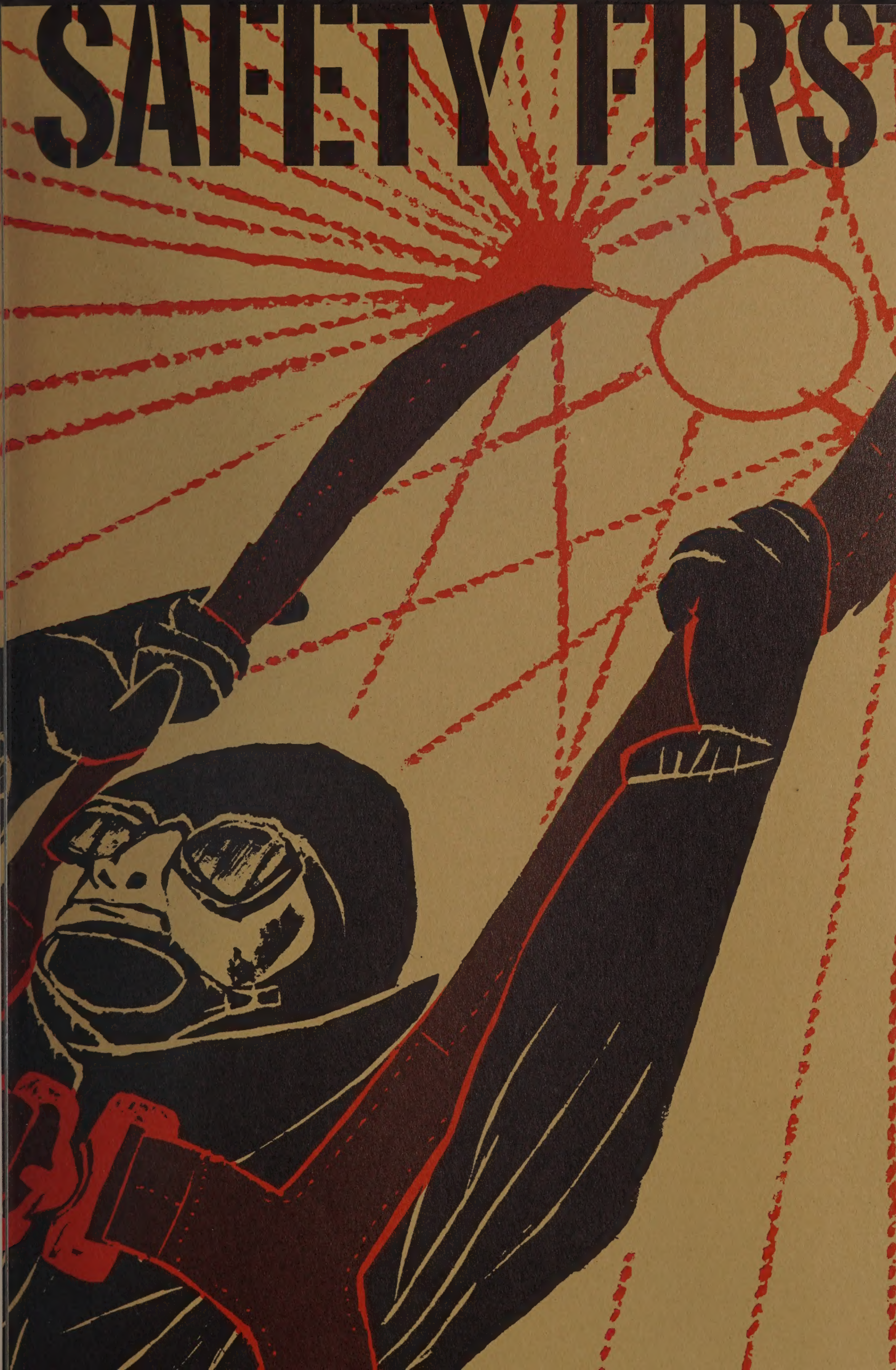
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A SINGLE REPORT OF
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This unusual safety record stands matched in systemic antibiotic ther today. In addition, ERYTHROCIN is vi ally free of side effects.

Still, with all this notable freedom f toxicity, ERYTHROCIN is effective in majority of common bacterial respira infections. Comes in two potencies and 250 mg.), bottles of 25 and The recommended adult dose is 250 mg. q.i.d.

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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

"MARCH OF MEDICINE" TV PROGRAM TO BE AIRED JANUARY 23

The work of American physicians in remote regions of the world where native populations are largely dependent upon our doctors and medicine for their health and wellbeing is the television story to be aired coast-to-coast January 23. Entitled "MD International," the hour-long show will be presented at 10 p. m. EST over the full NBC-TV network both in color and black and white. This is part of a joint American Medical Association and Smith, Kline & French Laboratories project to inform the American public of people-to-people activities in the health profession for the promotion of better international understanding.

SCHEDULE RURAL HEALTH CONFERENCE MARCH 6-8

Changing patterns in nutrition, health costs, medical care, dental health and safety will serve as the focal point for discussion at the 13th national Conference on Rural Health to be held March 6-8 at the Hotel Heidelberg, Jackson, Miss. The conference is sponsored by the AMA's Council on Rural Health in cooperation with southern state medical associations and farm, educational and allied organizations.

TWO NEW EXHIBITS ARE AVAILABLE TO COUNTY SOCIETIES

Reducing and accidental poisoning of children are the themes of two new exhibits the American Medical Association is offering to medical societies early in 1958. (1) "You Can Reduce" stresses the importance of using will power in the selection of foods. The exhibit illustrates the basic foods that should be eaten every day, those to "fill up" on and those to "cut down" on. Three dimensional models depict the calorie content of certain basic foods. (2) "Poisoning of Children in the Home" pinpoints eight leading offenders, such as aspirin, kerosene, old medicines and household chemicals. A display of products on a revolving tree-like arrangement also is included in this portable exhibit. Medical society bookings may be arranged through the Bureau of Exhibits.

AMEF STATE CHAIRMEN TO MEET JAN. 25-26

The American Medical Education Foundation's 1958 fund raising drive for the nation's medical schools will be officially launched January 25-26 at a meeting for state chairmen. This seventh annual conference will be held at the Drake Hotel, Chicago.

AMEF reports that Indiana and South Carolina physicians have endorsed a dues increase to help support medical education. Other states which already have adopted a special dues program are Arizona, California, Idaho, Illinois, Nevada, New Jersey and Utah.

AMA AND HOSPITAL ASSOCIATION STUDY MEDICOLEGAL PROBLEMS

A concerted educational program on medical professional liability is being formulated by a joint committee of the American Medical Association and the American Hospital Association. Among other things, the liaison committee plans to study current medicolegal advisory set-ups in a number of states, the liability of charitable and governmental hospitals, and ways of promoting postgraduate education in the professional liability field.

Representatives appointed from AMA include: Dr. Joseph F. Sadusk, Jr., Oakland, California, chairman.

EXHIBIT HONORED AT CLEVELAND MEET

A "certificate of merit" was awarded the American Medical Association for its exhibit on "Health Appraisal of the School Child" at a recent American Public Health Association convention in Cleveland. The exhibit illustrates examples of the various steps in a complete appraisal program from teacher observation, screening procedures, dental and medical examinations to the follow-through. Developed by the Bureau of Exhibits in cooperation with the Bureau of Health Education, the exhibit is of interest not only to physicians but also to educators and other allied health leaders. To be the most effective, however, the exhibit should be manned by local experts in the field. Medical societies may arrange bookings through the Bureau of Exhibits.

LEGAL PROBLEMS SUBJECT AT CONFERENCE IN MAY

Legal problems currently facing individual physicians and organized medicine will be the primary discussion topics at the second meeting of state and county medical society executive secretaries and attorneys May 9-10 at the Drake Hotel, Chicago. Before the final agenda can be set up, the AMA Law Department hopes that medical societies will send in their suggestions on specific legal subjects that would be of the most interest to them. The first such meeting—also sponsored by the Law Department—was held in April, 1956.

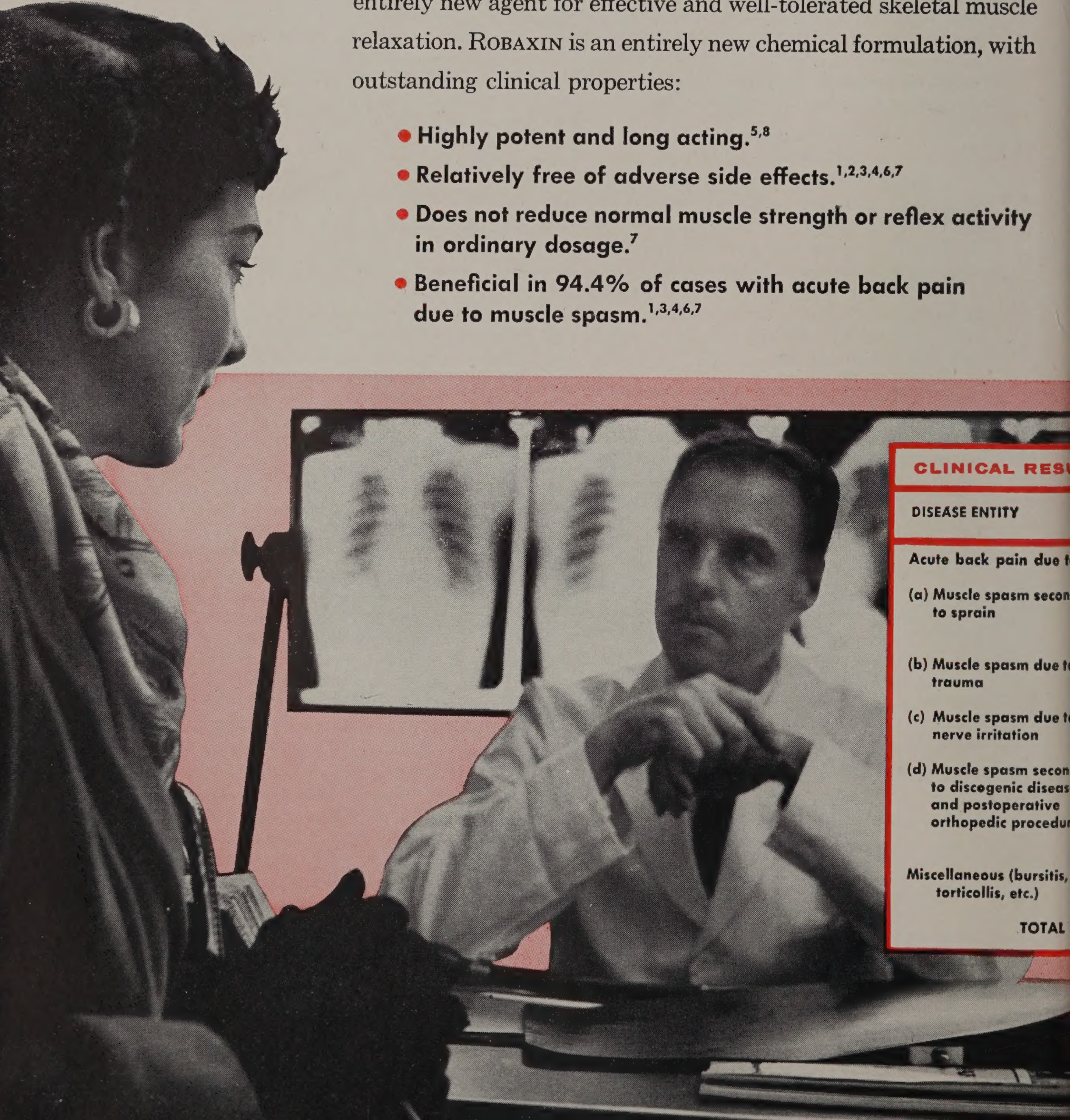
Significant Robins research discovery:

A NEW SKELETAL MUSCLE RELAXANT

Ro

Robaxin – synthesized in the Robins Research Laboratories, and intensively studied for five years – introduces to the physician an entirely new agent for effective and well-tolerated skeletal muscle relaxation. Robaxin is an entirely new chemical formulation, with outstanding clinical properties:

- **Highly potent and long acting.**[5,8]
- **Relatively free of adverse side effects.**[1,2,3,4,6,7]
- **Does not reduce normal muscle strength or reflex activity in ordinary dosage.**[7]
- **Beneficial in 94.4% of cases with acute back pain due to muscle spasm.**[1,3,4,6,7]



CLINICAL RES

DISEASE ENTITY
Acute back pain due t
(a) Muscle spasm secon to sprain
(b) Muscle spasm due t trauma
(c) Muscle spasm due t nerve irritation
(d) Muscle spasm secon to discogenic diseas and postoperative orthopedic procedu
Miscellaneous (bursitis, torticollis, etc.)
TOTAL

baxin®

(Methocarbamol Robins, U.S. Pat. No. 2770649)

Highly specific action

ROBAXIN is highly specific in its action on the internuncial neurons of the spinal cord – with inherently sustained repression of multisynaptic reflexes, but with no demonstrable effect on monosynaptic reflexes. It thus is useful in the control of skeletal muscle spasm, tremor and other manifestations of hyperactivity, as well as the pain incident to spasm, without impairing strength or normal neuromuscular function.

Beneficial in 94.4% of cases tested

When tested in 72 patients with acute back pain involving muscle spasm, ROBAXIN induced marked relief in 59, moderate relief in 6, and slight relief in 3 – or an over-all beneficial effect in 94.4%.[1,3,4,6,7] No side effects occurred in 64 of the patients, and only slight side effects in 8. In studies of 129 patients, moderate or negligible side effects occurred in only 6.2%.[1,2,3,4,6,7]

TH ROBAXIN IN ACUTE BACK PAIN[1,3,4,6,7]

OF ES	DURATION OF TREATMENT	DOSE PER DAY (divided)	RESPONSE marked	mod.	slight	neg.	SIDE EFFECTS
	2-42 days	3-6 Gm.	17	1	0	0	None, 16 Dizziness, 1 Slight nausea, 1
	1-42 days	2-6 Gm.	8	1	3	1	None, 12 Nervousness, 1
	4-240 days	2.25-6 Gm.	4	1	0	0	None, 5
	2-28 days	1.5-9 Gm.	24	3	0	3	None, 25 Dizziness, 1 Lightheadedness, 2 Nausea, 2 *
	3-60 days	4-8 Gm.	6	0	0	0	None, 6
			59	6	3	4	*Relieved on reduction of dose

Indications – Acute back pain associated with: (a) muscle spasm secondary to sprain; (b) muscle spasm due to trauma; (c) muscle spasm due to nerve irritation; (d) muscle spasm secondary to discogenic disease and postoperative orthopedic procedures; and miscellaneous conditions, such as bursitis, fibrositis, torticollis, etc.

Dosage – Adults: Two tablets 4 times daily to 3 tablets every 4 hours. Total daily dosage: 4 to 9 Gm. in divided doses.

Precautions – There are no specific contraindications to Robaxin and untoward reactions are not to be anticipated. Minor side effects such as lightheadedness, dizziness, nausea may occur rarely in patients with unusual sensitivity to drugs, but disappear on reduction of dosage. When therapy is prolonged routine white blood cell counts should be made since some decrease was noted in 3 patients out of a group of 72 who had received the drug for periods of 30 days or longer.

Supply – Robaxin Tablets, 0.5 Gm., in bottles of 50.

References: 1. Carpenter, E. B.: Publication pending. 2. Carter, C. H.: Personal communication. 3. Forsyth, H. F.: Publication pending. 4. Freund, J.: Personal communication. 5. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: American Pharm. Assn. 46:374, 1957. 6. Nachman, H. M.: Personal communication. 7. O'Doherty, D.: Publication pending. 8. Truitt, E. B., Jr., and Little, J. M.: J. Pharm. & Exper. Therap. 119:161, 1957.

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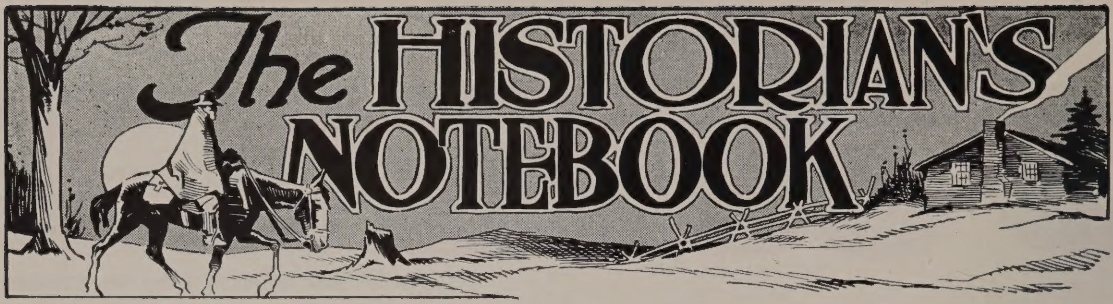

Meetings of the Faculty of Starling Medical College in 1859

JONATHAN FORMAN, M. D.

FROM time to time *The Journal* has presented under this department minutes of the meetings of the faculty of Starling Medical College in 1858 and 1859. In the August 1957 issue, minutes were presented in which the Museum of the College was discussed. The following proceedings report discussions and actions at subsequent meetings of the faculty.—EDITOR.

MINUTES

Saturday evening, the 23d January, 1859

"The Faculty met pursuant to a regular call. Minutes of the preceding meeting were read and adopted. The Committee on the Museum lumber, repair &cc made a partial report and requested for time for completion of the duties assigned them. *Granted.*

"Dr. Hamilton presented the petition of Dr. Ulamer of the Ohio State prison, requesting the honorary degree of Dr. of Medicine for Dr. Sapp of Marion. *Laid on the table* for further action. Dr. Hamilton was requested to obtain other recommendations.

The Dean enquired when the commencement of the present session shall be held. The Faculty decided on Tuesday, the 1st day of March next as the proper day.

"The Dean said there was some uncertainty as to whether Mr. C. N. Olds will be able to fulfill his promise to deliver the address at the commencement and that other names had better be suggested, that some other gentleman's name be found, who will undertake to write and deliver the address in case Mr. Olds does not fulfill his promise.

"Dr. Hamilton said that probably the Revd. Anson P. Smythe would be a good man for the occasion. Dr. Dawson mentioned G. M. Parsons. Dr. Loving suggested the name of the Revd. J. Dilloms. The Dean was requested to confer with one or more of these gentlemen to ascertain whether any one of them will deliver the address should Mr. Olds fail; he was at the same time requested to prevail on Mr. Olds to deliver the address if his engagements will permit.

"Lovejoy's and Ewing's plans and proposals for casing and shelving for the museum presented by the committee on repairs: Lovejoy presented two plans—one plain, and the other called by him *Gothic.* He agreed to furnish the plain casings for $2.50 per lineal foot complete except the painting and the shelves. The Gothic he agreed to furnish complete except shelves and painting at $2.75 per lineal foot.

"Ewing presented a plan entirely plain, which he agreed to furnish complete except for painting for $2.37½ per foot (lineal).

"The Faculty discussed both plans of Lovejoy and Ewing and did not accept nor reject either positively, and referred the matter back to the committee who were instructed to contract for the casings on the best terms to be obtained, and reserve the right to select the glass necessary for the same.

"For the present it was thought best to case the west side of the Museum Room only.

"There was some discussion as to what would be the propriety of endeavoring to get a bill passed by the present legislature by which it would become lawful for the medical students to visit the County Infirmary as often as it may be necessary and advisable for the purpose of receiving clinical instruction. Dr. Carter suggested that, as the matter was one of importance, a committee had better be appointed to consider it and advise a plan to get the bill passed by the Legislature. *Carried.*

"The Committee appointed on motion by Dr. Carter consists of Doctors Hamilton and Dawson.

"There being no further business before the

Faculty, on motion, the meeting adjourned. Next meeting to be held in the Museum Room on the evening of Saturday, Feb. 5, at 7 and one-half o'clock Pm.

"S. LOVING, *Secy.*"

* * *

Saturday evening, the 5th February, 1859

"The Faculty met pursuant to a regular call.

"Present: The Dean, Hamilton, Wormley, Carter and Loving. Dr. Smith also came in sometime after the Faculty had been in session. Minutes of previous meeting accepted.

"The report of the Committee on the Museum Repairs was called for. Dr. Loving from said Committee said that the committee could not make a report at this time as the duties assigned to it were not yet completed and requested further time. *Granted.*

"Certificates of several medical gentlemen concerning the character of Dr. L. Reynolds of Beverly, Ohio, and recommending Dr. R. to the Faculty as a proper person on whom to bestow the honorary title of Doctor in Medicine were presented by the Dean.

"These certificates were written by Drs. I. Huestis, C. Buchanan, and J. Little, also, Dr. J. W. White. These gentlemen gave Dr. Reynolds a very high character as a professional man and as a citizen, and after hearing them read, the Faculty decided that Dr. Reynolds is a proper person on whom to bestow the Honorary Degree of Doctor of Medicine, and agreed that his name be presented to the Trustees with the recommendation that they grant said Degree.

"Dr. Hamilton presented the name of Dr. J. W. Hodge of Tuscarawas County and asked that his name be presented to the Trustees for the Honorary Degree. Dr. Hodge, in Dr. Hamilton's opinion, being worthy of the honor although comparatively a young man.

"The application was discussed pro and con, and upon expression of disapproval by some of the members, Dr. Hamilton asked and obtained leave to withdraw his application.

"The application, on motion by Dr. Smith, was reconsidered, and after some discussion, the name of Dr. J. W. Hodge was directed to be presented to the Trustees with a recommendation that the Honorary Degree be conferred upon him.

"It was then decided to present the name of Dr. Stephen Rogers of Tacna in Peru to the Trustees for the same degree. Application by Dr. Loving.

"The name of Dr. J. L. Wortman of Muskingum County presented again by Dr. Hamilton.

"Dr. Hamilton thought Dr. Wortman worthy of the Honorary Degree, but the Faculty decided otherwise, and the application, on leave, was withdrawn.

"There was some discussion as to the propriety of a Summer course of Lectures. And finally, on motion by Dr. Carter, Drs. Hamilton and Loving were appointed a committee to ascertain how many students of the present class will remain in the event of a Summer Course being decided upon. The Dean then called attention to the catalogue of Messrs. Bossange & Fils of Paris, sent by mail, through their agents in New York. Messrs. B. & Fils are dealers in materials for museums such as anatomical, physiological and pathological specimens, casts, etc. Catologue was examined.

"The Faculty then adjourned to meet at the Museum Room on Saturday evening February 12th, 1859.

"S. LOVING, *Secy.*"

* * *

Saturday evening, the 12th February, 1859

"The Faculty met pursuant to adjournment. Present all the members.

"Minutes of the preceding meeting were read and adopted.

"The name of Dr. Ecmann recommended by Dr. Nelson as worthy of the Honorary Degree, again presented by the Dean who wished to know what action shall be taken with regard to the application. Dr. Smith moved that the application be accepted,and that Dr. Ecmann's name be presented to the Trustees for the Honorary Degree. *Carried.*

"The Dean presented a letter from Dr. ________ of Jelloway, Delaware County, Ohio, asking permission to present himself for examination for the Degree of Doctor of Medicine, he having attended a full course of lectures at the University of Michigan at Ann Arbor and practiced regularly four years. He agrees to pay the graduation fee if he can obtain permission to be examined. The Dean said he had neither encouraged nor rejected the application, but had written to him and requested him to visit Columbus that the Faculty may decide as to the merits of his application. He wished the Faculty to decide whether his course has been proper in the matter.

"The Faculty decided that the Dean had acted properly, and further, that if the Dr. comes and attends the lectures from the present time until the end of the course or close of the sessions and pays the fees for a full course of lectures including the matriculation fee, he shall be admitted to examination.

"On motion of Dr. Hamilton, Dr. E. L. Wortman of Muskingum County, on complying with the same terms is to be admitted to examination for the Degree of Doctor of Medicine.

"The report of the Committee on the Summer Course of Lectures called for. The committee could only present a partial report. It presented the names of eight students, four of whom would certainly attend and four who would probably attend such a course.

"Dr. Smith moved that a Summer Course be given, to begin on the first day of April next, and continue until the first day of July, and that three lectures be given daily for five days in the week. *Carried.*

"Dr. Dawson moved that a circular be issued stating the times, etc. of said course. *Carried.*

"It was decided, as above stated, that three lectures be given daily for five days in each week during the proposed Summer Course, and that the Professor of Theory lecture on the Diseases of the Nervous System and Physical Diagnosis; that the Professor of Obstetrics lecture on the Diseases of children; that the Professor of Surgery lecture on the Diseases of the Eye and Ear, on Anatomy as connected with these organs, and Minor Surgery; that the Professor of Chemistry lecture on Animal Chemistry and Toxicology; that the Professor of Anatomy lecture on Physiology and Microscopic Anatomy; that the Professor of Materia Medica and Therapeutics lecture on Hygiene and the Principles of Therapeutics.

"Dr. Carter, from committee of one, reported in favor of allowing Dr. W. Muley compensation of the same amount as heretofore; namely, three hundred dollars per annum for the present year, to be paid as heretofore, part in cash ($100) and part in good notes ($200).

"Dr. Smith at this time, by permission, absented himself giving Dr. Carter power to vote for him, (making Dr. Carter his proxy).

"Dr. Carter's report was then discussed pro and con, and the question was called for by different members of the Faculty, but the Dean refused to put the matter to vote, as in his opinion it required the votes of all the members of the Faculty (and the presence of all the members).

"There being no further business for transaction, the Faculty adjourned to meet at the Museum Room on Saturday evening, February 19th, 1859.

"S. Loving, *Secy.*"

Post Surgeon J. G. Andrews' Diary Is Now Available

Journal of Dr. Joseph Gardner Andrews, (post surgeon at Fort Defiance in 1795) edited by Richard C. Knopf for the Ohio Historical Society. ($3.00. *Ohio State Museum, Columbus 10, Ohio.* Publication date, October 1, 1957.) Of the scores of military and frontier journals, this is, by far, the finest. Not only is it a day-to-day account of Andrews' own activities, but contains interesting sidelights to frontier garrison life and an acute insight into his own medical practice.

Andrews might well have performed the first autopsy west of the Alleghanies. He also experimented with various methods of relieving the rigors of malaria. A Harvard graduate, a former Dorchester, Massachusetts, schoolmaster and, finally, an army surgeon, Andrews exemplifies the finest attributes of the eighteenth century gentleman, scholar, and scientist.

The Story Behind the Word

Some Interesting Origins of Medical Terms

Wintergreen—A hardy, flowering woodland plant, found in almost all parts of the northern hemisphere and so named because its leaves remain green all winter. The leaves yield a fragrant, pleasant-tasting oil, which is used extensively as a flavoring for candy, medicine, chewing gum, tooth powders and similar preparations. The oil is also used as a lotion.

Wen—This word is derived from the Anglo-Saxon word "wenn," which in turn may have come from the Gothic word "winnan" meaning pain, or "to suffer." Originally the Anglo-Saxon word "wenn" meant any soft, fleshy or wart-like tumor. In the nineteenth century the term came to be restricted to mean a sebaceous cyst and especially one located on the scalp.

Waldeyer's Ring—The lymphatic tissue of the pharynx, palatine tonsil, or lingual tonsil form a ring of lymphoid tissue around the entrance to the pharynx. This was pointed out by Heinrich Wilhelm Gottfried Waldeyer, a German anatomist in 1884, and has since been known as Waldeyer's Ring.

Yawn—A term descriptive of the act. It is derived from the Anglo-Saxon word "ganian" literally meaning "to gape" or open wide. It is interesting to note that the Greek term for yawn is "chasma," meaning a separation or chasm, while the Latin term for yawning is "hiat" coming from the Latin "hio" meaning "to open."

Zygoma—This bone was so named by Galen because of its yoke-like shape. The term is derived from the Greek word "zygon," a yoke.

Zoology—This branch of biology deals with the study of animals. Aristotle who lived about 350 B. C. is considered the father of zoology, however it was Linnaeus who in 1735 established it as an orderly science. The word *zoology* is derived from the Greek word "zoon" or animal, plus "logos," a discourse.

Zoster—A Greek word meaning a girdle or belt. Medically the term is used synonymously with zona and shingles.

—Harry Wain, M. D., Mansfield, Ohio.

Medicinal Qualities of Snakeroot

Prominently mentioned in Edwin Bartram's *Medicinal Plants in America* published in 1818, Seneca snakeroot—or *Polygala seneca L.*—was concisely described as having a "slight but nauseating odor." The herb was a persistent plant growing in dry, open soil throughout the eastern and central United States and Canada. The root of the herb was used for many years as an anti-asthmatic, an expectorant and as a diuretic.

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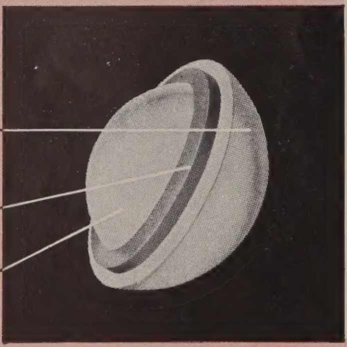

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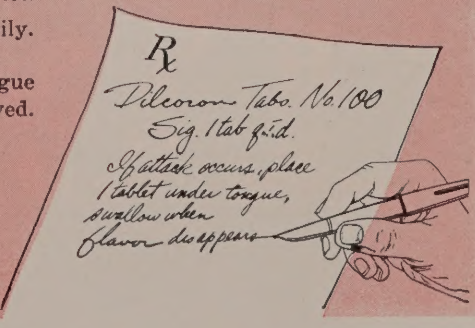

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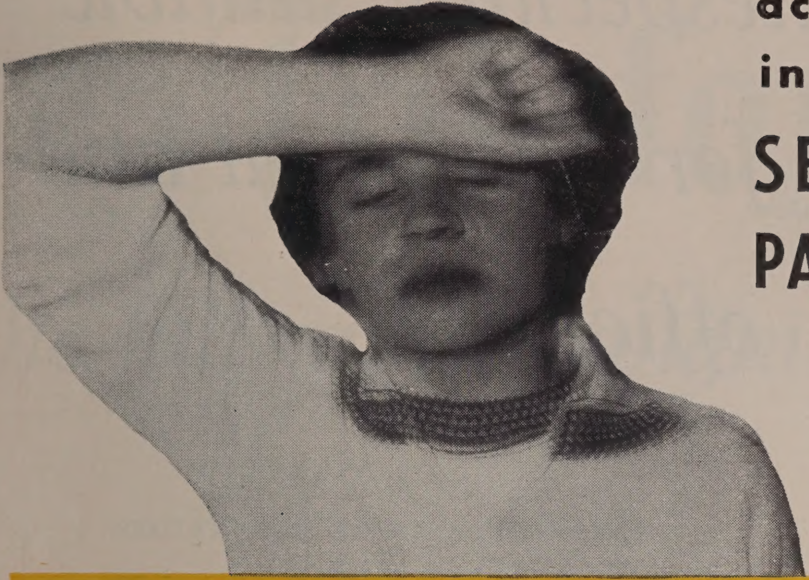

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*Joseph, Morris: Effective Analgesia Without Sedation or Narcosis, Clinical Medicine, August 1957.

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[†] Ayd, F. J., Jr.: The Treatment of Ambulatory and Hospitalized Psychiatric Patients with Trilafon, presented at Ann. Meet., Am. Psychiat. Assoc., Chicago, Ill., May 13-17, 1957.

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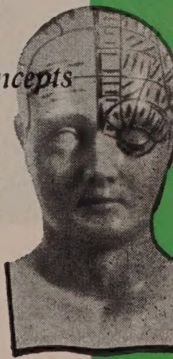

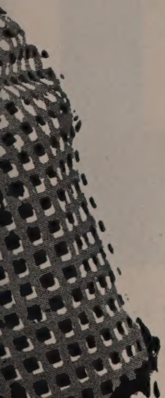

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A Comparative Evaluation of a Sustained Release Liquid Sulfonamide, Penicillin, and Oral Tetracycline in Pediatric Practice

MARVIN McCLELLAN, M. D.

THE increasing incidence of antibiotic-resistant bacteria, superimposed bacterial and fungal infections, and sensitization reactions associated with the use of antibiotics has elicited a great deal of concern among physicians. For example, excluding editorials and mentions in papers dealing with antibiotic-resistant bacteria, 23 articles cautioning against the indiscriminate use of antibiotics have appeared in the literature since 1952.[1] Along with these cautions, a hypothesis has arisen that the use of less potent antimicrobial agents should be considered before using antibiotics in treating common infections.[2, 3, 4] According to Yow,[2] the use of less potent drugs, such as the sulfonamides, in treating common infections will delay the development of antibiotic-resistant organisms and will make the antibiotics more effective when used to treat serious infections.

The following report describes a comparative evaluation of a new, sustained release liquid sulfonamide*, penicillin, and a combination of penicillin and an oral pediatric suspension of tetracycline** in treating pediatric patients with moderately severe bacterial infections.

The Author

● **Dr. McClellan, Cincinnati, is a member of the staffs of Children's Hospital of Cincinnati, and Good Samaritan Hospital; instructor, Department of Pediatrics, The University of Cincinnati College of Medicine.**

MATERIAL AND METHOD

PATIENTS

A total of 472 children with moderately severe bacterial infections were treated during the evaluation. The children ranged in age from 4 months to 17 years; 238 were girls and 234 were boys. Two hundred and thirty-three children were treated with the sustained release liquid sulfonamide preparation; 207 were treated with penicillin, and 25 were treated with penicillin and oral tetracycline. In addition to the foregoing groups of patients, 6 children received the sulfonamide preparation and penicillin simultaneously and 1 child received the sustained release sulfonamide prophylactically.

Patients were seen at home and in the office. Their symptoms were those usually associated with systemic bacterial infections and consisted of pyrexia, general malaise, pertussis, frequency of—or burning—upon urination, vomiting, abdominal pain, diarrhea, or mucus exudation of the nose, throat, or ears. Physical examination of the children commonly revealed enlarged, inflamed tonsils with follicular exudation, enlarged tender glands, inflamed tympani with or without exudation, pulmonary rales, furuncles, and bullous skin lesions. Microscopic examination of the urine of patients with infections of the

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*"Sul-Spansion®," Trademark of Smith, Kline & French Laboratories, Philadelphia, Pa.
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urinary tract revealed the presence of pus and blood cells.

Diagnoses of the patients were as follows: Upper respiratory infections, 131; otitis media, 121; lower respiratory infections, 166; glandular infections, 15; urinary tract infections, 8; skin infections, 21; and miscellaneous infections, 10.

After the children had been examined and a diagnosis was made, one of the medications was administered. Except for the group of patients who received penicillin and tetracycline, penicillin or the sustained release sulfonamide preparation was administered to every other patient. Parents were instructed about the administration of medications and were asked to record the child's temperature and his symptomatic response to therapy.

The response of each child was noted daily by personal communication with the parents or by subsequent visits with the patient. All patients were examined to determine the clinical remission of the infection. Follow-up examinations were conducted on practically all of the children when they were seen at a later date for routine physical examination or for immunization treatment. The evaluation lasted for one year.

DRUGS

The liquid, sustained release preparation contained sulfaethylthiadiazole, a newly available sulfonamide, present in the form of thousands of microscopic spheres suspended in a fruit-flavored aqueous vehicle. Upon ingestion, a percentage of the tiny spheres disintegrate immediately and release a sufficient amount of sulfaethylthiadiazole to produce a blood concentration within the range of 8 to 15 mg. per 100 ml.[5] The rest distintegrate gradually over the next 8 to 10 hours and provide a continuous flow of the sulfonamide into the blood. This continuous absorption of small amounts of drugs into the blood compensates for renal excretion and keeps the blood concentration at a relatively constant level.

By taking the preparation every 12 hours, the initial blood concentration can be maintained for prolonged periods of time.[5] Besides producing excellent therapeutic blood concentrations, sulfaethylthiadiazole is highly soluble in the usual *p*H ranges of urine,[6] and is excreted almost entirely from the body in 48 hours.[7] The antibacterial effect of the drug covers a wide range of gram-negative and gram-positive organisms including many of the antibiotic-resistant bacteria.[8]

Aqueous salts of penicillin-G were used during the evaluation. The pharmacology and bacteriological effect of these compounds have been described by Goodman and Gilman.[9] An aqueous salt of penicillin-G (administred intramuscularly) and an oral pediatric suspension of tetracycline were given simultaneously to a small group of patients.

DOSAGE

The maintenance dose of the sustained release sulfonamide preparation was based on one-half teaspoonful (0.32 Gm., or 5 gr.) for every 15 pounds of body weight every 12 hours. Children over 75 pounds were given the adult dose of 1 tablespoonful every 12 hours. Prophylactic doses of the preparation were one-half the maintenance dose and were also given every 12 hours. All initial (priming) doses of the drug were twice the amount of the maintenance doses.

The initial dose of penicillin was administered intramuscularly; subsequent doses were taken orally. When patients showed a minimal response to therapy, a second and often a third dose of penicillin was administered intramuscularly even though the patient was taking the drug orally. Intramuscular doses of penicillin varied with the size of the child and ranged between 300,000 and

TABLE 1.—RESULTS OF THERAPY WITH THREE ANTIBACTERIAL AGENTS

	Sustained Release Sulfonamide			Penicillin			Penicillin/Tetracycline		
Diagnosis	**No. of Patients Treated**	**Cured**	**Failed**	**No. of Patients Treated**	**Cured**	**Failed**	**No. of Patients Treated**	**Cured**	**Failed**
Otitis Media									
Unilateral	32	28	4	21	20	1	1	0	1
Bilateral	31	28	3	27	22	5	5	5	0
Follicular Tonsillitis									
Acute	27	26	1	50	48	2	2	2	0
Chronic	6	6	0	3	3	0	0	0	0
Pharyngitis									
Acute	21	20	1	18	15	3	0	0	0
Chronic	2	2	0	1	1	0	0	0	0
Bronchitis									
Acute	42	38	4	24	22	2	5	5	0
Chronic	2	2	0	0	0	0	0	0	0
Tracheobronchitis	43	39	4	18	17	1	8	8	0
Tracheitis	5	3	2	0	0	0	0	0	0
Bronchopneumonia	4	4	0	8	7	1	0	0	0
Pneumonia	0	0	0	0	0	0	1	1	0
Bronchiolitis	2	2	0	0	0	0	0	0	0
Laryngotracheobronchitis	0	0	0	4	3	1	0	0	0
Lymphadenitis	0	0	0	10	9	1	3	3	0
Urinary Tract Infections	5	5	0	3	3	0	0	0	0
Skin Infections	3	2	1	18	16	2	0	0	0
Miscellaneous	8	7	1	2	2	0	0	0	0
Totals	233	212	21	207	188	19	25	24	1
Percent		90.9	9.1		90.8	9.2		96.0	4.0

500,000 units. Oral doses of penicillin varied between 400,000 and 900,000 units per day.

In the group of children treated with penicillin and tetracycline, penicillin was administered only once, at the beginning of treatment. This dose varied between 300,000 and 500,000 units and was given intramuscularly. Tetracycline was started immediately after administering penicillin. The doses varied between 500 and 750 mg. per day.

RESULTS

No elaborate rating scale was used to judge the results of therapy. If the patient improved steadily and became clinically well on the medication he was given originally, the patient was considered "cured." If the patient did not respond to the initial medication and had to be changed to another drug, the patient was considered a "failure" on the original medication.

Results are shown in table 1 and are given according to diagnoses. Of the 233 patients who received the liquid, sustained release form of sulfaethylthiadiazole (every 12 hours) 212 (90.9 per cent) were cured and 21 (9.1 per cent) were not; 188 (90.8 per cent) of the patients who were treated with penicillin in miltidose regimens were cured and 19 (9.2 per cent) were considered failures; 24 (96.0 per cent) of those given penicillin and tetracycline were cured while 1 (4.0 per cent) patient was not benefited from these drugs. A statistical analysis (chi-square test) of the number of patients who were cured by each of the medications does not show a significant difference (chi-square = .4579, $p = .75$), indicating that each of the medications was equally effective in bringing about the clinical remission of the infection.

The number of treatment days required for the patient to become clinically well following therapy with each of the medications are shown in table 2. Considering only those patients who had a favorable response to therapy, the average number of treatment days required to effect the clinical remission of the infection was 6.9 days for the sustained release liquid form of sulfaethylthiadiazole, 5.8 days for penicillin and 6.1 days for penicillin and tetracycline.

A statistical analysis (Analysis of Variance Test) indicates that there is a significant difference between the average number of treatment days for the sulfonamide treated group and the average number of treatment days for the two groups treated with other medications ($f = 35.42$, $p = > .01$). There is no significant difference between the average number of treatment days for the groups treated with antibiotics. Although a statistically significant difference exists between the number of treatment days required to produce a clinical remission of the infection with the sulfonamide preparation and the other medications, it is doubtful where the actual difference in time (maximum of 1.1 days) has any medical significance.

Only one of the six patients who received the liquid sustained release sulfaethylthiadiazole and penicillin simultaneously failed to benefit from these drugs. He was subsequently treated with chlortetracycline and had an uneventful recovery. A patient who had had several recurrences of follicular tonsillitis over a ten month period was given the sulfonamide preparation prophylactically for 2 weeks. She has remained free from infection for eight months.

Only one child developed an allergic skin reaction while taking the sustained release liquid form of sulfaethylthiadiazole. Four other children developed skin reactions while receiving this drug but the rashes were subsequently diagnosed as varicella or roseola infantum. One patient each reported mild diarrhea and vomiting. The drug was not discontinued in either of these patients and the untoward reactions disappeared without supportive medication. Two children developed rashes while receiving penicillin and one child became febrile and developed chills. The drug was discontinued in all three patients and the untoward reactions disappeared without the use of additional medication. No untoward reactions were reported for the small group of children who received penicillin and tetracycline.

Seven patients became re-infected within two to three weeks after the initial infections had been cleared. Three of the re-infections occurred in patients who initially had received penicillin and four re-infections took place in patients who had been taking the liquid sustained release sulfonamide medication. All seven patients were given the same drug as they had received for

TABLE 2.—DURATION AND RESULTS OF THERAPY WITH THREE ANTIBACTERIAL AGENTS

No. of Days of Therapy required for complete recovery	Sustained Release Sulfonamide		Penicillin		Penicillin & Tetracycline	
	Cleared	Failed	Cleared	Failed	Cleared	Failed
3	1	1	3	0	0	0
4	6	4	28	1	1	0
5	30	3	54	6	10	0
6	28	6	46	5	4	0
7	45	4	22	4	3	0
8	96	3	31	1	6	1
9 or more	6	0	4	2	0	0
TOTALS	212	21	188	19	24	1
Total Number of Treatment Days	1482		1105		147	
Average Number of Treatment Days	6.9		5.8		6.1	

their initial infection and became clinically well in a short period of time. None of the 25 patients who had receved penicillin and tetracycline became re-infected.

COMMENT

The lack of statistical difference in the results of therapy obtained with each of the medications indicates that therapy with the sustained release liquid form of sulfaethylthiadiazole is equivalent to that of penicillin alone and penicillin given simultaneously with tetracycline. These data support the hypothesis of Yow,[2] that sulfonamide therapy suppresses most of the systemic bacterial infections seen in routine office practice and, therefore, offers an alternate form of therapy in treating these infections.

Based on the number of treatment days required to produce the clinical remission of the infections, penicillin and penicillin and tetracycline are somewhat superior to the sulfonamide preparation. In actuality, the slight difference (maximum of 1.1 days) observed in the number of treatment days required for each of the medications had little medical significance.

The number of untoward reactions reported during the evaluation were minimal regardless of the medication used. The number of patients who became re-infected after having been cured once was approximately equivalent for penicillin and the sustained release liquid form of sulfaethylthiadiazole which further substantiates the slight difference in effect produced by either of the drugs.

SUMMARY

1. Four hundred and seventy-two children with moderately severe bacterial infections were treated with one of three antibacterial medications. Two hundred and thirty-three children received a liquid, sustained release preparation containing sulfaethylthiadiazole; 207 children received penicillin; and 25 children received penicillin (intramuscularly) and an oral pediatric suspension of tetracycline.

2. Two hundred and twelve (90.9 per cent) of the patients treated with the sustained release liquid form of sulfaethylthiadiazole were cured, 188 (90.8 per cent) treated with penicillin were cured, and 24 (96.0 per cent) treated with penicillin and tetracycline were cured. The average number of treatment days required by each of the medications to bring about a clinical remission of the infection was 6.9 days for the sustained release sulfaethylthiadiazole, 5.8 days for penicillin and 6.1 days for penicillin and tetracycline.

3. A statistical analysis (chi-square tests) of the number of patients cured with each of the medications failed to show any significant difference (chi-square = .4579, p = .75). A significant difference existed between the number of treatment days required for clinical remission of the infection for patients receiving the sulfonamide preparation and those receiving the other medications. The maximum difference between the number of treatment days for all of the medications was only 1.1 days and seemed to have little medical significance.

4. The side effects and number of re-infections observed with the sustained release form of sulfaethylthiadiazole and penicillin were approximately equal, indicating little or no difference in effect produced by either of the drugs.

REFERENCES

1. Current List of Medical Literature, Armed Forces Medical Library, 1952, 1953, 1954, 1955, and 1956.
2. Yow, E. M.: Ann. Int. Med., 43:323, 1955.
3. Lepper, M. H.: Ann. Int. Med., 43:299, 1955.
4. Van Oettingen, W. F.: Antibiotics Annual, Medical Encyclopedia, New York, pp. 361-378, 1955.
5. Farquhar, J. D.: J. Pediat., 50:190, 1957.
6. Bishoff, R. J.: Presented as a Scientific Exhibit, American Academy of General Practice, March 28 - April 1, 1957.
7. Foltz, E. L., Swintosky, J. V., and Robinson, M. J.: Federation Proc., 15:422 19 6.
8. Rhodes, R. E., McCaughan, J., and Bard, R. C.: Antibio. and Hemotherap., 7(4):175, 1957.
9. Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics. New York, N. Y. Macmillan Company, 1955, p. 1327.

Encopresis in Children Due To Psychogenic Factors

The term *encopresis* was first used by Weissenberg in 1926 to denote psychogenic fecal soiling. Incontinence of feces due to organic disease is usually referred to simply as fecal soiling; the term encopresis is restricted to fecal soiling of emotional origin. In children who have no grossly evident neurologic disease, fecal soiling is so commonly emotional in origin that the term encopresis tends to be applied to virtually all fecal soiling in children.

That fecal soiling may be emotional in origin was observed as early as 1882 by Fowler. (Am. J. Obst., 15:985, 1882.) Fowler reported a case in which undue educational pressure by the parents on a 7 year old boy had turned him into an automaton who could spout endless amounts of factual data, which gratified his ambitious parents. However, as Fowler pointed out, "Under such conditions it is not to be wondered that something gave way and, fortunately for the brain, it was the anal sphincter."

Since Fowler's original observations various authors have pointed out the psychogenic factors in encopresis. Burns (Brit. Med. J., 2:767, 1941) describes encopresis as a "psychogenic disorder . . . in protest against an inimical and threatening environment; an unconscious reaction both of aggression and fear." Detailed psychiatric studies of children with encopresis are rare: Warson (Am. J. Orthopsychiat, 24:402, 1954) reported a case intensively studied over a period of time, in which it was felt the encopresis was a reaction to various insecurities and inadequacies in the mother-child relationship. Other authors have described a broader spectrum of emotional factors causing encopresis.— A. H. Chapman, M. D., et al., Kansas City: *Missouri Med.*, 54:751, August, 1957.

A Child Health Survey

Part I: The School and Family as Sources of Health Information

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THIS project was undertaken to determine the specific health problems of children in an area near, but outside the limits of a large city. Although cities contain many doctors, hospitals and laboratories, it is questionable whether they are available to families, especially those of lower economic levels, who live 20 to 30 miles away. The survey also permitted the testing of several different techniques for evaluation of health of children.

THE ADDYSTON CHILD HEALTH SURVEY

Addyston was suggested by the Hamilton County Health Department as a suitable area for a child health survey because it was a small, compact community with an active health committee greatly interested in the welfare of the children. This committee, composed of the district nurse, the school principal, teachers, parents and other citizens, had previously requested a rheumatic fever survey, help in the fields of nutrition and mental health, and additional medical and dental care since there was neither a doctor nor a dentist residing in the corporate area.

The survey was made by members of the Child Health Association and the Pediatric Department of the Medical College, in close cooperation with the Hamilton County Health Department and the Health Committee of Addyston. Other organizations lending help and counsel were the Cincinnati Pediatric Society, the Babies' Milk Fund Association, the Preventive Medicine Department of the Medical College, the Heart Association of Greater Cincinnati and its subsidiary The Children's Heart Association, the School Health Committee of the Academy of Medicine, the Antituberculosis League, the Public Health Federation, and the Children's Dental Care Foundation.

PLAN OF INVESTIGATION

The program began with (1) physical examinations of school children as a rapid method of obtaining an insight into their health problems. (2) In succeeding weeks certain children with serious or with questionable defects were selected for a leisurely, more thorough examination with the mother present. (3) Further information regarding the children's health, activities and behavior was sought from teachers and parents by personal conferences or by written questionnaires, and finally (4) a community survey was conducted to determine economic, social or environmental conditions which might influence physical or mental health of the children.

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THE EXAMINATION OF SCHOOL CHILDREN

Plan. Considerable time was spent in planning for the school examination, first with the Health Committee of the school, and then with the medical and nursing staffs who participated. The groups decided that a large scale examination of the entire student body in one day would create more interest and would be less disturbing to the school routines than repeated grade by grade examination at weekly intervals. It seemed unlikely that the quality of the examination would suffer if a sufficient number of physicians and volunteers could be recruited for the occasion. Whenever a child was encountered who had a problem requiring more thorough investigation, he was re-examined at a subsequent time.

Preliminary Testing. Prior to the day of examination the school nurse had carried out the following procedures:

(1) Vision tests with the Snellen wall card.

(2) Hearing tests with group audiometer

procedures in all grades except kindergarten and the first grade.

(3) Measurements of height and weight of all of the children.

(4) Tuberculin patch tests.

(5) Collection of reports from parents and teachers regarding any particular diseases or abnormalities of behavior which they had noticed in the children.

The Examination. A total number of 322 children of the school population of 356 were examined throughout the day by a staff of six physicians, aided by the two staff nurses, four volunteer nurses and six mothers who guided the children and recorded the results.

The examination lasted about four and a half hours so that approximately 72 children were seen each hour by the group of six, or a rate of 12 pupils per hour per physician, which constituted an average of about five minutes spent on each child. This does not include the time spent by the nurse in preliminary testing.

Positive findings were recorded at once on the child's school health record where all of the results of previous tests and measurements were reviewed. From these records the accompanying table of abnormalities was prepared. (Table 1.)

Questionnaires sent home to the parents had asked for comments on the health of their children, but less than half of the families returned their reports. Many of the replies mentioned past illness or recurring symptoms and when they were checked against the pupils' health records they were found to represent recent temporary illness or suspicions of disease rather than fundamental disorders. However, these reports of symptoms tended to make the professional staff more alert in searching for organic disease. Excluding the records of past infectious diseases, the contributions made by the parents were summarized as follows:

"DEFECTS" ADDED BY PARENTS AND NOT KNOWN PREVIOUSLY BY NURSES OR DOCTORS

Frequent colds	17	Heart Murmurs	4
Eye Disorders	10	Nervousness	3
Ear Disorders	6	Questionable Tuberculosis	3
Frequent Headaches	5	Anemia	2
Frequent Nose Bleeds	5	Leg Pains	2

The teachers were also asked to record the outstanding abnormalities of health and behavior of the pupils in their classes. Many of these problems had been discussed in personal conferences between nurses and the principal and teachers in previous months. From these sources came the most valuable information concerning the children's behavior. A group of 19 children were considered to have abnormal patterns of conduct requiring further study. There were also some reports of a few chronic infections and symptoms not previously known by the nurse.

"DEFECTS" ADDED BY TEACHERS AND NOT KNOWN PREVIOUSLY BY NURSES OR DOCTORS

Behavior disorders or abnormalities	19
Frequent colds, tonsillitis	3
Frequent headaches	2

SUBSEQUENT EXAMINATIONS

Not satisfied with the diagnosis made in some instances during the first screening procedure, the medical staff arranged for subsequent examinations and a few laboratory tests of a selected group of children. Included in this group were the underweight pupils and those who had such

TABLE 1.—DEFECTS OCCURRING IN CHILDREN OF VARIOUS GRADES

	Total	Number of Children by Grade								
		Kdg.	1	2	3	4	5	6	7	8
Children Examined	322	30	58	37	40	30	31	39	36	21
Defects										
1. Dental	179	14	41	24	27	20	7	17	17	12
2. Eye	46	5		4	7	7	3	7	7	6
3. Heart murmurs	36	2	4	3	2	4	2	8	10	1
4. Underweight } 25	15	3			2	2	2	3	2	1
Overweight	10		1	1	1	4		1	1	1
5. Skin infections, marks	15	6	2	2	1	2			1	1
6. Positive tuberculin test	13		3	2	1	1	2		2	2
7. Ear	8		4		1			2		1
8. Feet—low arches	6		1				3	2		
9. Enlarged glands	4		3							1
10. Inguinal hernia	2				2					
11. Umbilical hernia	2		1		1					
12. Adrenogenital syndrome	2		1		1					
13. Large liver	2						1		1	
14. Meningocele—spastic	1				1					
15. Thyroglossal duct cyst	1				1					
16. Undescended testis	1				1					
17. Speech defect	1								1	
18. Known rheumatic fever	1								1	
19. Mongoloid features	1		1							
20. Asthma	1	1								
21. Funnel chest	1		1							
22. Lordosis	1		1							
23. Protruding abdomen	1		1							
24. Torticollis	1	1								
25. Large tonsils	1	1								
26. Nocturia—"weak kidneys"	1					1				

vague complaints or physical findings as "weak kidneys," large liver, frequent headaches. The staff also wanted to review the treatment received by some of the children who had chronic disorders.

To carry out this part of the program, one physician conducted a clinic at the school one-half day a week for six weeks where she conferred with the parents, reviewed the records and examined the patients. Facilities for urinalysis and hemoglobin determinations were provided.

No additional diseases or abnormalities were discovered at these subsequent examinations. Many of the children with minor symptoms were found to be in a good state of health and enjoying active normal lives. Medical care had been available to every child, although the patients who depended upon clinic care at the Cincinnati hospitals were forced to spend the greater part of a day in making the trip and in waiting for medical care. There was a glaring lack of facilities for clinic dental care in the Addyston area and in Cincinnati.

THE COMMUNITY SURVEY*

Another step taken by the staff was a community survey to evaluate environmental and social factors which might influence the health of the children.

This project included a house to house canvas to interview parents regarding family health and availability of medical care, and it provided a chance to observe environmental conditions such as sanitation, housing and recreational facilities. During the summer months of 1956 a total number of 269 families, composed of 1039 individuals, were interviewed. The results may be summarized as follows:

The population of Addyston is fairly stable and more than 80 per cent of the families have lived in the area for five years or more. They were lower in economic level than many suburban communities, since 14 per cent received their support from county welfare agencies. Although 15 families (6 per cent) contained more than 10 members, the average family size was 4.9.

Health Problems. No particular childhood diseases or abnormalities were discovered which had not been known by the nurses and doctors. There was a tendency for the families to postpone smallpox vaccination for children until they reached school age, but almost all of the children had been immunized against diphtheria and tetanus in infancy. The need for dental care was widespread and most of the families expressed their desire to use dental facilities if they were available.

Medical Care. Addyston was fortunate in having infant welfare clinics, tuberculosis clinics and a nursing service. More than 400 individuals of Addyston had attended one of the clinics at some time or other, and chest films for tuberculosis had been taken on an equal number.

Almost all of the families had had medical care from private physicians at some time or other, especially for acute illness. Twenty-five per cent of the population had also used the clinics for preventive procedures or for special tests. About 80 per cent of the population had some form of hospital insurance.

Housing. Although there was a wide range in quality of homes, Addyston seemed to have a high proportion of substandard dwellings. Less than half of the homes had inside toilets and a central sewage disposal system was just being installed. Approximately 30 per cent of families owned their own homes, while the remainder, who rented their dwellings, paid an average of $27.00 per month. Upkeep on the rented homes was at a low level and their condition was conspicuously poor compared to that of houses owned by the inhabitants. Average home size was 4.4 rooms.

Milk supplies were clean and running water was available in all but 20 homes (7 per cent). The great majority of homes had electric refrigerators, screens for windows and doors, and almost all had television sets.

Social Conditions. The majority of the children attended Sunday School or church services regularly and about two-thirds of the mothers belonged to the P. T. A., which seemed to be a very creditable showing. Other organized groups for social and sporting activities were limited to the efforts of the school and an occasional group such as the Boy Scout Troop. The number of cafes in the area was larger than might be expected and they furnished a large part of the social life for the men.

The incidence of illegitimate births, broken homes and delinquency seemed high, although it was impossible to determine these factors accurately and to find suitable figures with which they could be compared.

There seemed to be a notable indifference of families to community recreational projects. Previous attempts to develop such programs have failed because of lack of support from the families of the area.

DISCUSSION

For this survey of child health conditions the school was the best single source of information. Here the school nurse had collected such a large amount of data from her tests for physical health and her conferences with teachers and parents that the additional case finding procedure of physical examination yielded rather meager results. The value of the selection of health problems of pupils by teachers has been emphasized in the studies reported by Nyswander [1] in 1942 and by many others since. Yankauer and Lawrence [2] have recently observed the paucity of newly discovered defects uncovered by repeated routine annual examinations of children in primary grades of school. Although 14 per cent of their series of children developed abnormalities after the first examination, most of these defects could have been found by other simpler means.

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*Parts of this survey were carried out by Mr. George Chiligiris and Mr. Robert Price, Junior Medical Students who were recipients of summer Fellowships provided by the Poliomyelitis Foundation and Department of Preventive Medicine, The University of Cincinnati College of Medicine.

The best information regarding the child's behavior and social adjustment came from the principal, the teachers, and the nurse. Parents furnished very little additional data in response to questionnaires or at first interviews. Possibly they hadn't recognized any deviations of behavior in their children or possibly they didn't care to discuss such matters. On better acquaintance with an interviewer, many parents divulged more information.

The house to house canvas revealed valuable additional information to the surveying team. It provided the data regarding the health of the children and adolescents who were not in school as well as the background of social and hygienic conditions. Again the school nurse and faculty knew most of the conditions reported by the surveying staff. Had there been a physician practicing actively in the community, he too would likely have been familiar with the health problems and their underlying causes. While the surveying team of physicians did not uncover any significant diseases or unfavorable health conditions not known previously, it stimulated interest in the health program and gave an impetus to the carrying out of the recognized procedures for case finding.

The next step was a review of the facilities for treatment of the defects of physical and mental health. Seven conditions which occurred with more than casual frequency were defects of the eyes, ears and teeth which ranked high in frequency as they do in most communities of this sort. Added to these were the problems of positive tuberculin tests, heart murmurs, nutritional variations and behavior. The way in which the community was handling these problems will be described in the next report.

SUMMARY

1. A survey of families living on the fringe of a metropolitan area indicated that the children were receiving medical care comparable to that available within the city.

2. Health examinations of children conducted at the school revealed physical defects which had generally been recognized by parents, teachers, or nurse and had been cared for previously.

3. From conferences with teachers and parents the surveying team could best select the children with abnormal behavior.

4. A house to house survey provided a background of social and economic conditions which might influence the health of the children.

5. Seven of the most common health conditions amenable to prevention or treatment included defective vision and hearing, dental caries, malnutrition, heart murmurs, positive tuberculin reactions and abnormal behavior.

6. A subsequent report will deal with the methods by which the community met these health problems.

Acknowledgements: Many teachers and parents of Addyston and members of the Hamilton County Health Department helped with this survey. Particular mention must be made of the school principal, Mr. Meredith Hitchens, the school nurse, Mrs. Mary Jane Kromer, and the local physician who helped with the examinations, Dr. Frank J. Scharold.

REFERENCES

1. Nyswander, D. B.: Solving School Health Problems. New York, The Commonwealth Fund, 1942.

2. Yankauer, A., and Lawrence, R.: A Study of Periodic School Medical Examinations II. The Annual Increment of New "Defects." Am. J. Pub. Health, 46:1553, December, 1956.

Steroid Withdrawal

When patients have been treated with adrenal glucocorticoids equivalent to or more than 60 mg. hydrocortisone daily for prolonged periods, usually two months or more, and withdrawal is abrupt, an alarming syndrome may develop within 24 to 48 hours. It is characterized by weakness, nausea, vomiting, abdominal pain and generalized muscular cramps.

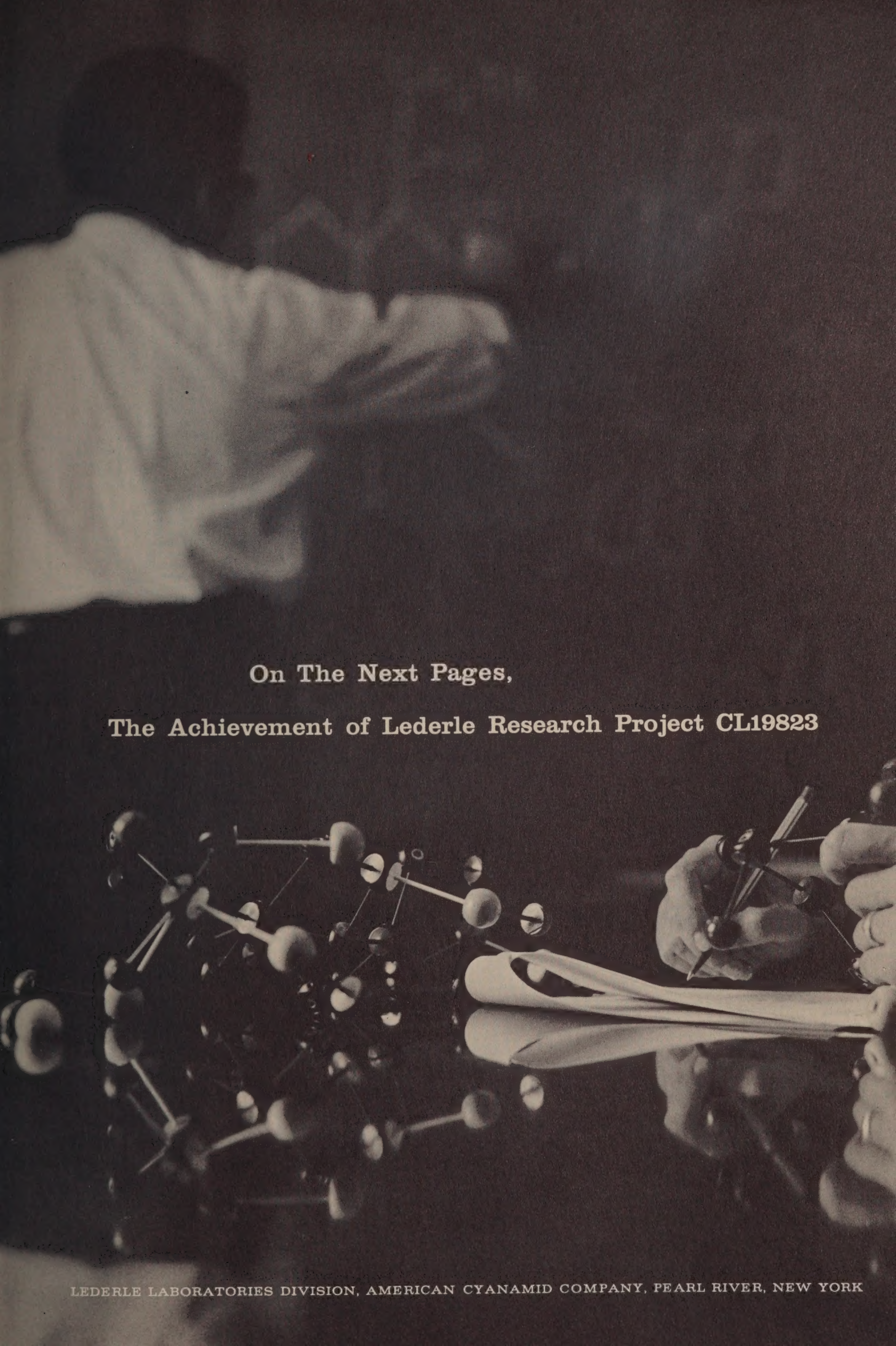
The mechanism is due to pituitary suppression of endogenous ACTH, and although ominously masquerading as acute adrenal cortical insufficiency, the syndrome is nonfatal, because the adrenals, if present, continue to produce the powerful sodium retainer, aldosterone. Symptoms usually subside in two to five days. This syndrome can be prevented or minimized by gradual discontinuance of steroid therapy.

Equally as important, a recrudescence of disease may, and usually does, occur, sometimes to fulminating degree. This is highly influenced by the general condition of the patient.

In order to decrease this unpleasantness, all patients on prolonged use of steroids should carry purse cards indicating diagnosis and treatment so that those who ministrate to them following trauma may not err by failing to administer additional life-saving hormone. Following prolonged steroid therapy, it is probably wise to cover stressful events during the next six months with parenteral hydrocortisone sodium hemisuccinate.—Hulon Lott, M. D., Baton Rouge: *J. Louisiana M. Soc.*, 109:415, November, 1957.

Male Breast Carcinoma

The generally poorer prognosis of carcinoma of the male breast may be due to several reasons. The short distance the tumor cells must traverse with early invasion of the surrounding tissues and its associated complications coupled with a greater delay in seeking advice may be the most significant.—F. A. Selecman, M. D., et al.: *Texas State J. Med.*, 53:694, September, 1957.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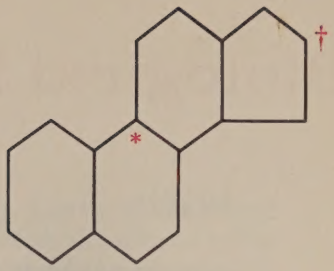

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Biological Effects of Aristocort

with particular emphasis on:

Kidney function

Animal studies on ARISTOCORT[1] have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.[1] Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12-day period on a dosage of 30 mg. per day.[2] Additional balance studies showed actual sodium loss when ARISTOCORT was given in doses of 12 mg. daily.[3] Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to ARISTOCORT.[4,5] In two studies of various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.[6,7]

Potassium and chlorides

There was no active excretion of potassium or chloride ions in animals given maintenance doses of ARISTOCORT 25 times that found to be clinically effective.[1] Potassium balance studies in humans[2,3] revealed that negative balance did not occur even with doses somewhat higher than those employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis treated for up to ten and one-half months.[6,7]

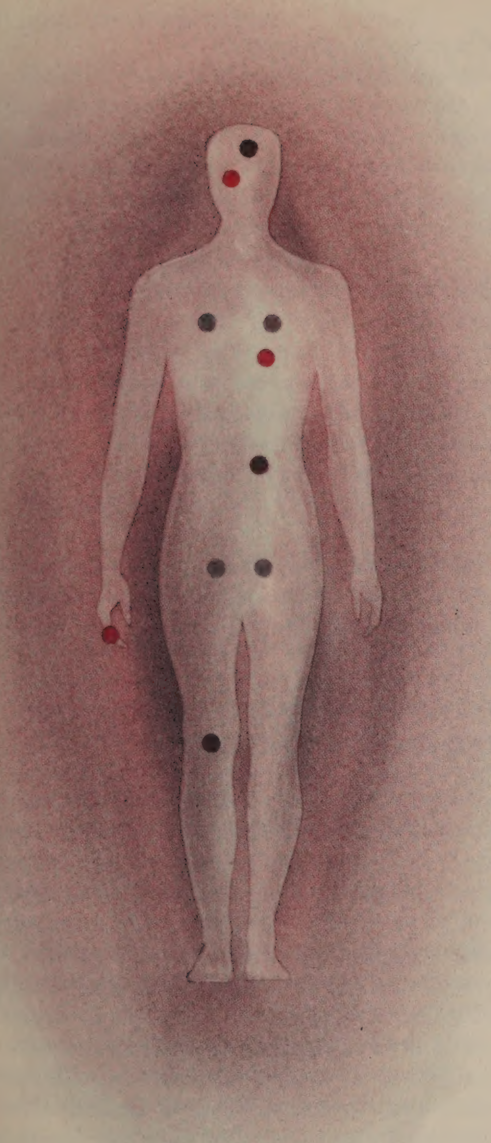
Calcium and phosphorus

Phosphate excretion in animals[1] was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies[3] demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only during a short period.

Protein and nitrogen balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.[3] At dosages two to three times normal levels, positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.[2,3]

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when ARISTOCORT was used in treating the nephrotic syndrome.[8]



Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to ameliorate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.[1]

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet[1] and cottonball[9] tests. It was found to be nine to 10 times more effective than hydrocortisone in this respect.

Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experimental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection.[10] Clinical studies[11] of patients on ARISTOCORT revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known.[12] The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. In general, it appears to maintain psychic equilibrium without producing cerebral stimulation or depression.

Bibliography

1. Experimental Therapeutics Section, Lederle Laboratories. To be published. 2. Bunim, J. J., Whedon, G., and Black, R. L.: Personal Communication. 3. Hellman, L., Zumoff, B., Schwartz, M. K., Gallagher, T. F., Berntsen, C. A., and Freyberg, R. H.: Antirheumatic and Metabolic Effects of a New Synthetic Steroid, paper quoted in Bull. Rheumat. Dis. 7: 130, 1957. 4. Spies, T. D.: South. M. J. *50*: 216, (Feb.) 1957. 5. Freyberg, R. H.: Personal Communication. 6. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at the International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 7. Hartung, E. F.: To be published. 8. Hellman, L., Zumoff, B., Kretschmer, N. and Kramer, B.: Personal Communication. 9. Dorfman, R. I., and Dorfman, A. S.: Personal Communication. 10. Gray, S. J., Ramsey, C. G., Villarreal, R., and Krakauer, L. J.: Edited by H. Selye and G. Heuser in: Fifth Annual Report on Stress, 1955-56. M.D. Publications, Inc., New York, 1956, p. 138. 11. Dubois, E. L.: Personal Communication. 12. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957.

Lederle

The Promise of Aristocort in Reduction of Side Effects

It is axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer used.

It has also become well recognized that the most serious of the major side effects from long-term corticosteroid treatment are peptic ulcers, osteoporosis with fracture, drug psychosis and euphoria, and sodium and water retention leading often to general tissue edema and hypertension.

It is significant that of the close to 400 patients on the lower dosage schedules found effective in bronchial asthma and dermatologic conditions, only 1 case of peptic ulceration has developed. No other of the above side effects have been observed even though ARISTOCORT was administered continuously to them for periods as long as one year.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are below compared to the reported incidence of those from prednisone and prednisolone.

Peptic Ulcer

The most recent study available on the incidence of peptic ulceration in patients with rheumatoid arthritis on long-term prednisone therapy reported 12 ulcers in 49 cases (24 per cent).[1] Lowest incidence of 6.5 per cent has been recorded in a group of patients on this drug for six to nine months.[2] Four of six ulcers, in another series of 39 patients on prednisone,[3] appeared in less than three months of therapy.

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (2 of the 3 occurred in patients transferred from prednisone). In the remaining 532 cases recently analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when he was changed from another steroid.

Osteoporosis and Compression Fractures

The incidence of compressed fractures of vertebrae—and to a lesser extent in other bones—is high in patients on prolonged therapy with all previous corticosteroids.[4] One group of 49 patients[1] on long-term prednisone treatment experienced nine vertebral fractures (18 per cent); another series of 39 developed eight fractures (20 per cent),[3] four to 15 months after the beginning of steroid administration.

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is 0.33 per cent (1 case[5]). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

Euphoria and Psychosis

The euphoria so commonly produced by all previous corticosteroids has seemed a most desirable attribute to patients. In penalty, however, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,[4] and toxic syndromes producing even convulsions and death.[6]

Since the onset of these complications is not directly related to duration of steroid administration,[7] the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

Sodium Retention—Hypertension—Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema.[8] Sodium and water retention, hypokalemia or hyperkalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT.[5,9]

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated.[10,11] Except in rare instances, or when unusually high doses are used (e.g., leukemia), the problem of edema and hypertension caused by sodium and water retention, has been eliminated with ARISTOCORT.

Minor Side Effects

Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids.[5] These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described as occurring with corticosteroid therapy, e.g., headaches, lightheadedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on ARISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis,[12] 70 per cent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. A general recommendation can be made that ARISTOCORT be used in doses two-thirds that of prednisone or prednisolone in the treatment of rheumatoid arthritis. There are individual variations, however, and each patient should be carefully titrated to produce the desired amount of disease suppression.

Comparative studies, of patients changed from prednisone, indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),[8] and in inflammatory and allergic skin diseases (33-50 per cent).[13,14]

General Precautions and Contraindications

Administration of ARISTOCORT has resulted in a lower incidence of the major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

No precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

Since ARISTOCORT has less of the traditional side effects, the appearance of sodium and water retention, potassium depletion, or steroid hypertension cannot be used as signs of overdosage. As a rule patients will lose some weight during the first few days of treatment as a result of urinary output, but then the weight levels off.

Patients do not develop the abnormally voracious appetite common to previous corticosteroid administration. In fact, some patients experienced anorexia, and it is advisable to inform patients of this and to recommend they maintain a normal intake of food, with emphasis on liberal protein intake.

While precipitation of diabetes, peptic ulcer, osteoporosis, and psychosis can be expected to appear rarely from ARISTOCORT, they must be searched for periodically in patients on long-term steroid therapy.

Traditional precautions should be observed in gradually discontinuing therapy, in meeting the increased stress of operation, injury and shock, and in the development of intercurrent infection.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. *The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.*

Bibliography

1. Bunim, J. J., Black, R. L., and Yielding, K. L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Boland, E. W.: J.A.M.A. *160:* 613, 1956. 3. Black, R. L., Yielding, K. L., and Bunim, J. J.: J. Chronic Dis. 5:751, 1957. 4. Bunim, J. J.: Bull. New York Acad. Med. 33:461, 1957. 5. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 6. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19:*95, 1957. 7. Goolker, P., and Schein, J.: Psychosom. Med. *15:*589, 1953. 8. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 9. Hartung, E. F.: Personal Communication. 10. Schroeder, H. A.: J.A:M.A. *162:*1362, 1956. 11. Thorn, G. W., Laidlaw, J. C., and Goldfein, A.: Ciba Found. Coll. on Endocrinology, J. & A. Churchill, Ltd., London, 8:343, 1955. 12. Freeman, H., Bachrach, S., McGilpin, H. H., and Dorfman, R. I.: Personal Communication. 13. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: To be published. 14. Shelley, W. B., and Pillsbury, D. M.: Personal Commnication.

The Promise of Aristocort in Rheumatoid Arthritis

ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

Significant is the fact that most patients were *severe* arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of collateral hormonal effects had made discontinuance desirable.

Results of treatment

Freyberg and associates[1] treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation in this study: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. *In six patients, the ulcers healed while on doses of* ARISTOCORT *sufficient to control arthritic symptoms.*

Hartung[2] treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

Dosage and course of therapy

The initial dosage range recommended is 14 to 20 mg. per day—depending on the severity and acuteness of signs and symptoms. Dosage is divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This dosage schedule should be continued for two or three days, or until all acute manifestations of the disease have subsided, whichever is later.

The maintenance level is arrived at by reduction of the total daily dosage in decrements of 2 mg. every three days. The range of maintenance therapy has been found to be from 2 mg. to 15 mg. per day—with only a very occasional patient requiring as much as 20 mg. per day. Patients requiring more than this should not be long continued on steroid therapy.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out the required activities of normal living or to obtain reasonable comfort. The maintenance dose of ARISTOCORT to achieve this end is arrived at while making full use of all other established methods of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Hartung, E. F.: Paper presented at Florida Academy of General Practice, St. Petersburg, Florida, Nov. 2, 1957.

Lederle

Dust Diseases and Pulmonary Tuberculosis

P. C. PRATT, M. D.

IT is a widespread assumption that the inhalation of particulate material must be harmful to the lungs. Thus, it is always difficult to convince the medical student in pathology that most materials can be inhaled for many years without demonstrable damage to lungs. When finally convinced of this, the student usually suggests that at least the accumulated dust must predispose to infection. He is again surprised to learn that of all the various infectious agents, from viruses through bacteria to fungi, the only disease known to be affected by inhaled material is tuberculosis.

MINERALOGY OF DUST DISEASES

Furthermore, the only substance clearly established as capable of affecting tuberculosis is so-called free silica, or silicon dioxide, usually crystallized as quartz, although other forms of free silica crystals (cristobalite, tridymite) and amorphous free silica are also active.

When silica is combined with base metals (sodium, calicum, potassium, magnesium, etc.) as glass, or as one of the many crystalline silicate minerals (garnet, tourmaline, mica, etc.), its presence in lung exerts no ill effect upon the tissue or the course of tuberculosis. An exception is the mineral asbestos which produces a diffuse fibrotic disease, asbestosis. This has not been clearly shown to influence the incidence or prognosis of tuberculosis although of course there have been cases of asbestosis in which patients developed fatal tuberculosis. Discussion of the possible carcinogenic activity of asbestos is beyond the scope of this summary. Nonsiliceous materials (carbon, iron, etc.) similarly are probably harmless to normal tissue except perhaps in extremely high concentrations or when mixed with free silica. Again an outstanding exception is beryllium which causes a granulomatous pulmonary disease in occasional individuals. Some of these patients have developed fulminating tuberculosis, but there is no evidence of a high incidence of this.

CHARACTERIZATION OF TUBERCULOSILICOSIS

The disease resulting when both silicosis and tuberculosis occur together is called tuberculosilicosis and is a characteristic pulmonary disease differing from either silicosis or tuberculosis alone. Thus, while tuberculosis in the days before effective drug therapy was considered to be a chronic relapsing disease with a strong likelihood of ultimate stabilization and arrest, tuberculosilicosis was known as a prolonged, gradual and consistently progressive disease. It had relatively little symptomatology until late in the course when excavation would develop, the rate of progression would increase and death from tuberculosis or pulmonary insufficiency would surely follow.

The Author

● **Dr. Pratt, Columbus, is Chief of Laboratories of the Ohio Tuberculosis Hospital.**

Silicosis alone, on the other hand, is characterized by the presence of generalized fibrous nodules throughout the lungs, but has not been demonstrated to cause measurable interference with pulmonary function. Pathologically, the reason for this is quite clear since the fibrous nodules are generally sharply defined and the intervening pulmonary tissue remains essentially normal with small alveolar spaces and thin alveolar septa.

DIAGNOSTIC PRINCIPLES

The requirements for the diagnosis of tuberculosilicosis include a history of adequate exposure to free silica dust, the presence of generalized nodulation in both lungs by x-ray, and the presence of infiltrations or conglomerate massive shadows, often bilaterally symmetrical and extending outwards from the hilum. The tuberculin test must be positive, although often only weakly so. Demonstration of tubercle bacilli in sputum is highly desirable but is often exceedingly difficult, especially in the noncavitary stages, and therefore is not absolutely required for the presumptive diagnosis.

EVALUATION OF EXPOSURE

General exposure to free silica dust occurs in many industries but even in such well known types as potteries and foundries, certain workers may not be significantly exposed. It is important to ascertain not only the type of industry, but the duration of the actual job or jobs performed by any individual suspected of having silicosis. Details of the various jobs performed and types of dust control or personal protection employed must be evaluated. While certain situations of extreme exposure have been known to produce silicosis in as little as two years, it is a good rule-of-thumb that at least 10 to 15 years of exposure are required.

It should also be noted that even in industries not characteristically involving silica exposure,

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there may be individual jobs entailing such exposure. For example, there is a job in the railroad industry which involves the preparation of sand for use in providing traction. The worker holding this job may be heavily exposed to free silica dust.

TREATMENT AND PROGNOSIS

In the days before effective drugs, the treatment of tuberculosilicosis was generally unsuccessful. Bed rest and collapse therapy, even thoracoplasty, seemed not to influence the progressive course of the disease. In the early years of drug therapy, when short courses were given, improvement in roentgenographic shadows did occur, but this usually was temporary and relapses occurred promptly if therapy was stopped or if the bacteria became resistant.

Currently the outlook for therapy seems much more promising. With prolonged combined drug therapy, many cases have apparently stabilized. Some such cases are continued on therapy for life, while a few have been taken off and have maintained their stabilization. Some patients have been successfully treated by surgical resection of massive conglomerate lesions with cavities.

Treatment of Penicillin Reactions Should Be Immediate

When a penicillin reaction has occurred, the most important feature of the treatment is that it be immediate! The physician must keep the proper syringes and drugs available for use at all times. The following suggestions should be followed if the patient complains of any of the symptoms that have been described.

1. A tourniquet should be applied above the site of the injection, if possible.
2. Epinephrine (1:1,000 acqueous solution), given subcutaneously in doses of 0.5 to 1.0 cc., is the drug of choice, and it should be repeated if the patient does not respond within a few minutes. In a desperate situation, these drugs should be given intravenously.
3. Antihistamines should be given intravenously. Benadryl® or Pyribenzamine® (25 to 50 mg.) or Chlor-trimeton® (10 to 20 mg.) may be given. (Use only material labeled for intravenous use.)
4. Aminophyllin (0.25 to 0.5 Gm. in 10 cc. intravenously) will be especially helpful if marked wheezing and dyspnea are present.
5. Hydrocortisone in 100 mg. doses should be given intravenously as soon as possible. As an emergency procedure, the usual contraindications or side effects need not be considered, for this may be a life-saving procedure.
6. If cyanosis is present, oxygen should be used.
7. If shock is prolonged, plasma or blood should be given. Norepinephrine can also be used to maintain blood pressure.—Joel D. Teigland, M. D., Des Moines: *J. Iowa M. Soc.*, 47:514, August, 1957.

KEEPING UP WITH MEDICINE

• By patch test, allergy to boric acid, aluminum acetate, menthol, petrolatum and phenol has been found to exist in less than 2 per cent of a certain group of patients.

* * *

• Forty years ago, one in every 10 babies born alive in this country was unable to survive the first year of life. Today the ratio has dropped to one in 40.

* * *

• There remains no direct proof that estrogens are carcinogenic when used therapeutically and the circumstantial evidence has been seriously challenged.

* * *

• Salad makers and others employed in handling the edible umbellifers—carrots, parsnips, celery (including celery salt)—may have a dermatitis of the hands due to contact with these vegetables but housewives seldom have adequate contact, and ingestion of the vegetables will not produce a flare-up.

* * *

• The infusion of sodium bicarbonate induces both kaluresis and alkalinization of the urine.

* * *

• The majority of deaths from hemolytic disease of the newborn could be prevented if (1) adequate prenatal testing were done to predict the possibility of the disease; (2) clinical evidence in the infant were watched for and acted on promptly; and (3) exchange transfusion were carried out under experienced supervision.

* * *

• It has been demonstrated adequately that when corticosteroid or corticotropin are properly used either together or alone, satisfactory results are obtained as a rule in the treatment of pemphigus vulgaris.

* * *

• Once it is established that the symptoms are menopausal, most patients can be greatly relieved by reassurance, rational explanation of the even and simple psychotherapy.

* * *

• A case was recently reported in which it took the combination of acetic acid in the food (pickles or sauerkraut) combined with cold to produce cold allergy. How easily this cause could have been missed and how easy and satisfying it might have been to ferret out the patient's stresses and sex drives and pronounce them as the cause. There is much yet to be learned!

* * *

• Acute hemiplegia associated with infarction in the distribution of the major arterial channels is frequently accompanied by seizures and usually leaves permanent sequelae. Cerebrospinal fluid is usually normal.

* * *

• Epinephine may produce symptoms of tetany in asthmatics.—J. F.

Convulsive Seizures Following Administration Of Chlorpromazine (Thorazine®)

MARTIN J. GUNTER, M. D.

FOLLOWING four years' experience of using chlorpromazine in psychiatric outpatient practice, I would like to describe two instances of grand mal convulsions ascribed to its use. One occurred in a patient following a period of administration of gradually increasing doses up to a relatively high level. The other in an individual who had had only occasional, and small doses, and in whom a convulsion occurred after taking only one small dose of the drug.

CASE REPORTS

Case No. 1: The patient is 26 year old white male. His father died in a mental institution. In June, 1953, he was discharged from the Army following a period of hospitalization for a psychosis, characterized by auditory hallucinations. He was diagnosed: Schizophrenic reaction, residual type, with hebephrenic and paranoid features. He is a religious fanatic. He revealed considerable anxiety and had many somatic complaints largely on a psychophysiological or even delusional level. There was no remarkable physical, neurological nor routine laboratory abnormality. Chest x-ray was normal.

In November 1954, the patient received elixir of phenobarbital, 4 cc. four times a day with little benefit. It was stopped in December, 1954. On January 21, 1955, he was started on Thorazine,® 10 mg. three times daily. On February 4, this was increased to 20 mg. three times daily. In March, 1955, this was changed to 50 mg. every morning. This was continued for almost a year. In January, 1956 he complained of increased nervousness. An increase to 100 mg. in the morning did not control his symptoms. Therefore, on January 30, 1956, his dose was increased to 100 mg. twice a day; a total of 200 mg. per day.

After one week on this regime the patient experienced a grand mal convulsion. It occurred in the early morning hours, after arising from sleep and on his way to the bathroom. He noted a sudden "blurring" sensation, and immediately fell to the floor unconscious. He bit his lip. There was no incontinence. Unconsciousness apparently lasted a few minutes whereupon patient returned to bed and slept. The attack was followed by a severe headache the next day.

He had had his last dose at bedtime the previous day. He had never had any kind of spells or convulsions in the past. He does not drink. There is no history of a head injury. No epilepsy in family history. He has occasional headaches, not of migraine type. He had never had an electroencephalogram. Up until December, 1956, there have been no additional spells.

Case No. 2: A 35 year old male, in September, 1954, was given a supply of Thorazine for symptomatic use in controlling intermittent spells of anxiety. His intake never exceeded 20 mg. a day, and would average 10 mg. daily, three or four days a week. The first week in November, 1954, he took a 10 mg. tablet in the afternoon. Several hours later he took a 20 minute nap. Upon arising he went to the bathroom. While standing up, without any warning, he lost consciousness, and fell to the floor. The patient recalled still feeling jerking movements as his consciousness returned approximately one minute later. There were no after effects other than pain in one knee due to the uncomfortable position during the seizure.

This patient had no history of any previous attacks nor is there a family history of such. In the past he had suffered from typical, but very infrequent, migraine headaches. For this reason he had had an electroencephalogram in 1951 which was interpreted as within normal limits. There is no history of alcoholism. A neurological examination and x-rays of the skull were normal. There has been no additional spell for over two years now.

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DISCUSSION

Chlorpromazine has been used rather extensively in epileptics. Some have reported a decreased frequency of seizures. However, Robb,[1] as well as Lomas[2] and Bonafede,[3] have reported increased number of seizures due to this drug. Montassut,[4] as well as Lomas[2] also described seizures following the use of this drug in non-epileptics.

SUMMARY

Two cases of convulsion due to use of chlorpromazine are described. Both occurred in outpatients who had no history of epilepsy.

REFERENCES

1. Robb, H. P.: Chlorpromazine and Epilepsy. Brit. Med. J., 2:1086, 1955.
2. Lomas, J., et al.: Complications of Chlorpromazine Therapy in 800 Mental Hospital Patients. Lancet, 1:1144, 1955.
3. Bonafede, V. I.: Chlorpromazine Treatment. Arch. Neurol. & Psychiat., 73:158, 1955.
4. Montassut, M., and Leroy, C.: Epileptic Crisis With EEG Changes During Treatment With Chlorpromazine. Ann. med. psychol., 113:1:804, 1955.

Treatment of Urinary Stress Incontinence

ROBERT C. AUSTIN, M.D., EUGENE F. DAMSTRA, M.D., and NEAL C. PERKINS, M.D.

THE urinary incontinence of women which occurs on coughing, laughing, lifting, or other stress can be cured in the great majority of cases not complicated by neurological or developmental defects. These patients need no longer suffer the embarrassment and discomfort it produces. Four different types of operations specifically designed to restore normal function to the urinary organs have been successfully used in relieving such incontinence. Although each makes a different approach to the problem, the ultimate results are substantially the same. The two techniques which we prefer will be described after a brief review of the anatomy and pathology involved in stress incontinence.

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THE URINARY BLADDER

The mucosal lining of the bladder is covered by three layers of involuntary muscle with an intermingling of voluntary fibers. The fibers of the inner and outer coats are longitudinal, and those of the thick middle coat are circular or spiral. There is an outer covering of fascia, which is particularly strong on the side adjoining and attached to the vaginal fascia. The posterior wall of the bladder, known as the trigone, is believed to represent the absorbed caudal ends of the Wolffian ducts. It is a felt-like triangular patch which stretches from the two ureters above to the urethra below, and is built up in layers like a venetian blind. It is formed by a fanwise extension from the dorsal walls of each ureter, and extends downward to form at least a part of the posterior wall of the urethra.

THE URETHRA

The urethra is a tubular extension of the bladder, which emerges from the bladder at a tangent. The angle thus formed between the bladder and urethra (the posterior urethrovesical angle) is important to the preservation of continence. It is kept intact when the pubovesical attachments of the urethra have their normal tone, but when they are torn or stretched, so that the urethra comes into line with the trigone, the angle is lost, and an important element in stress incontinence results.

Three urethral sphincters have been described—external, central and internal. The external sphincter is an arrangement of voluntary muscles of the usual circular type, and appears to be derived from the pubococcygeus muscles of the pelvic floor. The central sphincter is of uncertain value, and often is absent. The internal sphincter is one of the most important mechanisms for maintenance of continence.

It is composed of two loops of involuntary muscle which pass around the urethra so that they pull in opposite directions. One loop arises in the anterior wall and the other in the posterior wall of the bladder. The ends of each insert in the opposite wall. The anterior loop is lighter and more mobile, and is situated above the heavier and more stable posterior loop. When these loops are in their usual state of tonic contraction, they compress the urethra so that it is flattened, with the anterior and posterior walls apposed. The pubovesical muscles interdigitate with the anterior loop, and aid in closing the sphincter. When they are damaged, the sphincter may remain open, permitting passage of urine, especially under stress.

Closure by the sphincters is not complete enough to prevent all leakage, so an accessory mechanism comes into play to maintain secure closure—the venous pads. The submucosa of the urethra contains a system of venous plexuses which is cavernous in character. Distention of the bladder produces congestion in the capillaries of these venous pads so that they press on the mucosal folds, and aid the sphincters in maintaining snug closure of the internal vesical os. When the micturition reflex is initiated, decongestion of the venous pads occurs, releasing the pressure on the mucosa.

SUPPORTING STRUCTURES

The bladder and urethra are maintained in their normal position by the following structures: (1) The pubococcygeus muscles, which form a supporting floor for the pelvic organs. (2) The pubovesical muscles and ligaments which attach the urethra and bladder to the symphysis pubis. (3) The anterior vaginal wall, to which bladder and urethra are closely attached. (4) A long ligament which parallels the anterior abdominal wall up to an attachment at the urachus.

THE MECHANISM OF MICTURITION

Voluntary relaxation of the pubococcygeus muscles is a necessary preliminary to micturition. This permits a downward and backward displacement of the bladder and internal os, which initiates a reflex involving the involuntary muscles. The bladder wall contracts and the pubovesical ligaments are stretched, relaxing the internal sphincter and obliterating the posterior urethrovesical angle. Simultaneously decongestion of the venous pads occurs, which increases the caliber of the urethra. When the bladder is empty, the process is reversed.

CAUSES OF URINARY STRESS INCONTINENCE

(1) Damage to the pubococcygeous muscles is the basic cause of incontinence.

(2) Resulting from it is uterine descensus and sagging of the anterior vaginal wall, with formation of cystourethrocele. Cystourethrocele is accompanied in about 40 per cent of the cases by urinary stress incontinence.

(3) Almost equally important is tearing or stretching of the pubovesical muscles and ligaments, which support the urethra and bladder and help to maintain closure of the internal sphincter.

(4) Loss of the posterior urethrovesical angle. In normal women, micturition obliterates this angle, but stress does not affect it. In stress incontinence, however, loss of the angle is a characteristic change.

(5) A brief involuntary downward and backward displacement of the bladder and internal os on stress, which initiates the micturition reflex. This displacement normally occurs on voluntary relaxation of the pubococcygeus muscles, but does not occur on stress unless there is damage to these muscles. Permanent downward displacement produces dribbling incontinence.

NONOPERATIVE TREATMENT

It has been estimated that 30 to 40 per cent of all women lack normal function of the voluntary muscles in the region of the vesical neck. Exercises have been devised which, used in conjunction with surgery, are reported to give better results than surgery alone. These exercises must be practiced for 20 minutes three times daily for at least six months. Good results have been reported in some 55 per cent of cases but exercises are not a substitute for surgery.

SURGICAL TREATMENT

During the past 75 years, four different surgical approaches have been made to the problem of stress incontinence, and in addition there have been many variants of each type of operation. Regardless of the approach, the significant effect in all of these techniques has been elevation of the urethra to its normal level, with restoration of the posterior urethrovesical angle.

First proposed was *urethral advancement,* in which the incision was periurethral, the urethra was dissected free, stretched, and elevated, and the external meatus was moved forward close to the base of the clitoris. In some of the techniques the bulbocavernosus, ischiocavernosus, or pubococcygeus muscles have been used to support the urethra. This operation has been revived recently, with considerable success. To us, however, it seems an unnecessarily complicated procedure, with distortion of the supporting muscles and displacement of the external orifice.

For some years the *sling operations* enjoyed great popularity. In these, various muscles, abdominal fascia, or fascia lata were used to support the urethra. Pedicled strips of rectus fascia were most often chosen. Bilateral tunnels were made, either behind the pubis or in front of it. The pedicled strips were brought down through one tunnel, passed beneath the urethra, and carried up through the other tunnel, then fixed to the rectus fascia under enough tension to support the urethra. These operations usually were successful, but they were formidable procedures.

A third approach, through the anterior vaginal wall, is the *plication operation,* in any of its several variants. Plication has been used primarily for repair of cystourethrocele, but is almost equally successful in curing the incontinence which accompanies it in 40 per cent of the cases. The bladder and urethra are dependent on the anterior vaginal wall for their posterior support. Sagging of the wall, therefore, promotes formation of cystourethrocele, and aligns the urethra with the trigone. This causes loss of the important posterior urethrovesical angle, one of the chief factors in stress incontinence. Plication of the musculofascial supports of the vagina, bladder, and urethra restores the parts to their normal position, and relieves incontinence.

The plication operation preferred by the authors (a modified version of Te Linde's technique) is as follows: An incision is made through the mucosa and musculofascia of the anterior vaginal wall. The musculofascia is first separated from the fascia surrounding the bladder and urethra, and then from the vaginal mucosa. The fascia of the bladder and urethra are plicated (as in a box pleat), and then the musculofascia of the vagina is closed as a separate layer. Any redundant tissue is imbricated for extra strength. The margins of the mucosal flaps are trimmed to fit the space, and the mucosa is closed. A size No. 28 urethral sound is introduced to assure a patent urethral canal. Five days later, after the catheter is removed, a sound is again passed.

Vesicourethral suspension (urethrocystopexy) goes directly to the seat of the difficulty, and the procedure is relatively simple. In association with Dr. Irving Helfert, urologist, of Dayton, we have been using the Marshall, Marchetti, and Krantz technique with such satisfactory results that we feel it has been greatly undervalued.

The technique is as follows: A 30 cc. balloon, attached to a Foley catheter, is inserted into the bladder transurethrally, and the bag is inflated. With the patient in the reverse Trendelenburg position, the space of Retzius is exposed through a midline suprapubic incision. The bladder and urethra are separated from the posterior surface of the pubis and the rectus muscles down to one centimeter or less from the external urethral meatus. Three No. 1 chromic catgut sutures are placed at equal distances deep in the anterior vaginal wall, carried over the urethra, and inserted into the periosteum of the symphysis, preferably in the cartilage, then tied snugly. These sutures draw the anterior wall of the vagina, together with the urethra, upward and backward from the introitus. When necessary, two or three additional sutures may be placed through the wall of the bladder, then inserted through the rectus fascia, and tied. We seldom find them necessary, however. The space of Retzius and the abdominal incision are then closed.

This procedure eliminates cystourethrocele and suspends the urethra in its normal position back of the pubic symphysis. It restores the normal urethrovesical angle, and relieves stress incontinence in most cases.

The choice of operation is, we feel, a very important feature in success, and our preference in the indvidual case depends on a number of factors. In general, we would elect the Marshall-Marchetti technique (1) when the abdomen must be opened for other pelvic surgery, (2) when cystourethrocele has recurred after plication, (3) when a previous perineorrhaphy has narrowed the introitus so much that adequate space for a plication is lacking, (4) for nulliparous patients with a small vagina. Plication usually is our choice when the abdomen need not be opened, but other vaginal surgery is required.

RESULTS

Of 2,063 gynecological cases (1942-1953 inclusive), stress incontinence was present in 262 cases—1 in 8 (12.7 per cent). Of 649 plications for cystourethrocele, stress incontinence was present in 1 of each 2.5 cases (40.4 per cent).

Results of Plication: Symptom-free 198, improved 35, unchanged 10, worse 3, recurred 2, and not followed 14. In short, results were favorable in 89 per cent, unfavorable in 5.6 per cent, and unknown in 5.4 per cent. Reoperation in the two recurrent cases resulted in cure.

Results of 44 Vesicourethral Suspensions: Of these, we contributed 29 and Dr. Helfert 15. Dr. Helfert reports cures in 14 and failure in 1 because of postoperative hemiplegia. Of our cases, 25 are symptom-free, 2 are improved, and 2 are unimproved because of preoperative hemiplegia. Surgery seldom helps such patients, and they are a poor risk. Percentages in the 44 cases are as follows: Symptom-free 88.63, improved 4.55, and failure 6.82.

Comparable Results (per cent): Favorable: Plication 89.00, Vesicourethral Suspension 93.18. Unfavorable: Plication 5.60, Suspension 6.82. Unknown: Plication 5.40, Suspension none. On the whole, it appears, one type of operation is about as effective as the other, provided the cases are properly chosen.

This group of cases includes a considerable number of our early patients. With increased experience, we feel that our competence has increased proportionately, so that now we can expect a higher percentage of good results.

SUMMARY

The two fundamental causes of urinary stress incontinence are obstetrical injury to the pubococcygeus muscles or the pubovesical muscles and ligaments. Secondary to pubococcygeal injury are uterine descensus, cystourethrocele, and (on stress) a brief involuntary downward and backward displacement of the bladder and internal os which initiates the micturition reflex. Secondary to pubovesical injury are sagging of the urethra, loss of the posterior urethrovesical angle, and relaxation of the internal sphincter.

Urinary stress incontinence can be cured, in the great majority of cases by appropriate surgery. Four different types of operations have been used successfully, and in all of them the end result is elevation of the urethra and restoration of the posterior urethrovesical angle. Of the four types, we prefer a modified Te Linde plication and a modified Marshall-Marchetti vesicourethral suspension. In the former procedure, the fascia of bladder and urethra is plicated and the vaginal musculofascia is imbricated to restore normal support to the organs. In the latter, the urethra is suspended by suturing the anterior vaginal wall to the symphysis pubis and, if necessary, the bladder wall to the rectus fascia. Choice of operation depends on many factors, chiefly previous surgery or coincident vaginal or abdominal procedures.

Stress incontinence occurs in about 13 per cent of gynecological cases and 40 per cent of cystourethroceles. Results of our plications were favorable in 89 per cent, unfavorable in 5.6 per cent, and unknown in 5.4 per cent. Results in the Marshall-Marchetti vesicourethral suspensions were favorable in 93.18 per cent, and failure occurred in 6.82 per cent because of hemiplegia, which is a contraindication to surgery. On balance, in appropriate cases, one type of operation is about as effective as the other.

Diagnosis and Treatment of Fractures of the Zygoma

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IMPORTANCE OF EARLY RECOGNITION

EARLY recognition of fracture-dislocations of the zygoma is of prime importance in the final outcome of their treatment. Failure to restore the displaced bone to its normal position may result in disfigurements which will permanently alter the appearance and function of the face. Delays in treatment increase the difficulty of reduction and the possibility of complication. Extreme degrees of swelling and ecchymosis of the adjacent soft tissues can occur early making an accurate diagnosis difficult. For these reasons, we would like to discuss the diagnostic methods employed to determine the presence and extent of fracture as well as the management of these patients.

ANATOMICAL FRACTURES

Anatomically, the zygoma acts as a buttress protecting the orbit and its contents. The body of the zygoma is a strong solid structure resting on a tripod of its articular processes. These processes articulate medially with the maxilla, laterally with the temporal bone (forming the zygomatic arch), superiorly with the frontal bone and posteriorly with the sphenoid. Inferiorly is the thin membranous triangular process which joins with the maxilla to form the anterior wall of the antrum.

MECHANISM AND COMPLICATIONS OF FRACTURES

Fractures of the facial bones differ from most fractures because the displacement is due to the trauma itself rather than to muscular pull. The body of the zygoma is very rarely fractured as the force of trauma is transmitted to its weaker supports. Thus, if the force is sufficient to cause displacement it will produce fracture through the radiating processes as well as comminution of the triangular base support. (Fig. 1) With further increase in the severity of trauma fractures will extend through the body of the maxilla and the orbital floor. The next wave of force extends into the ethmoidal plate and nasal bones.

In addition to the displacement of the zygoma and the swelling and ecchymosis of the soft tissues several other events may and do occur. Most frequently there is some degree of injury of the infra-orbital nerve resulting in anesthesia over the side of the nose, adjacent cheek and upper lip. Diplopia may result from the downward displacement by lowering the outer canthus. Transient diplopia also may occur from contusion and swelling of the extra-ocular muscles. Occasionally, if the involvement of the orbital floor extends across the lacrimal bone, the inferior oblique muscle may be displaced. Cyclophoria then results because of intorsion of the eye by the unopposed action of the superior oblique muscle.

Further downward and backward displacement of the zygoma may impinge upon the coronoid process of the mandible interfering with its motion and producing clicking or trismus.

Very rarely the trauma may be severe enough

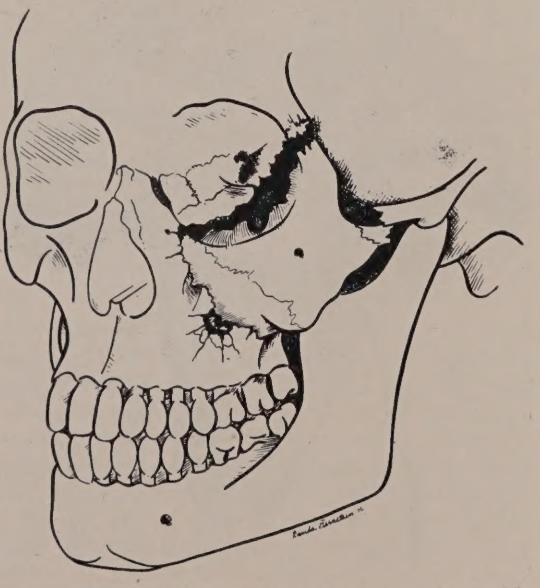

Fig. 1. Fracture-dislocation of the zygoma indicating the usual involvement of the radiating processes, the antral wall and the orbital floor.

From the Department of Surgery, Division of Plastic Surgery, Ohio State University.

to cause laceration of the oculomotor nerves and optic nerve.

EXAMINATION

Examination of the face requires nothing more than carefulness and completeness, following the rules of the general physical examination, i. e., inspection, palpation, percussion and auscultation. Primarily we depend upon inspection and palpation. By placing the patient in a chair and standing behind him (Fig. 2) these procedures become much easier. The head is tilted back slightly so that the infra-orbital area comes into view, and the contour of the injured side is compared to the uninjured side. Then, using the thumb and index finger, the infra-orbital ridge should be gently palpated, feeling for the "step" which is usually present when the zygoma is displaced. Similarly, the lateral orbital ridge and the zygomatic arch are palpated bimanually comparing the injured to the uninjured side.

Since the eye is the most important structure in this region it should be examined first. This examination is divided into two parts: checking the visual acuity and checking the extra-ocular movements. Visual acuity may be determined grossly by shielding the uninvolved eye and asking the patient what he sees. Should any abnormalities be encountered complete funduscopic examination should be done, preferably by an ophthalmologist. Disturbances in muscular balance producing diplopia may be determined by having the patient hold his head still and follow the examiner's finger or some object with his eyes through the full range of normal motion. Usually if diplopia is present, the patient will complain of it before being examined.

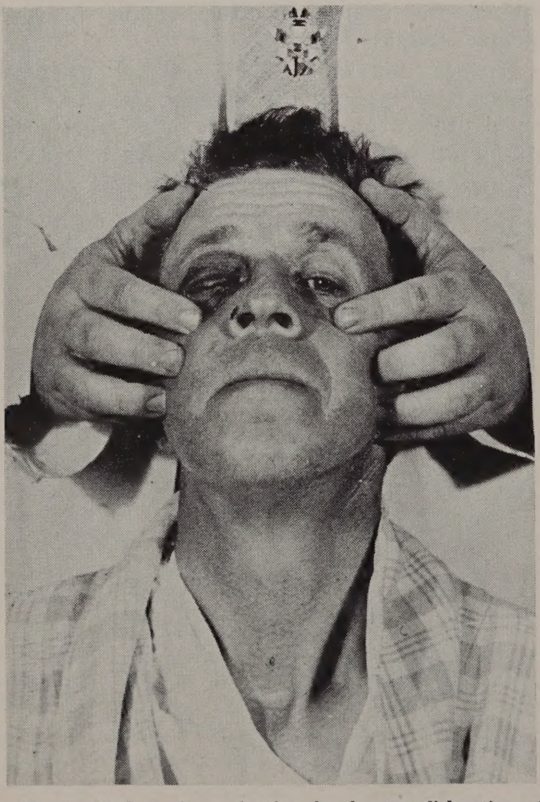

Fig. 2. Method of examination for fracture-dislocation of the zygoma with the head tilted back slightly and the examiner standing behind the patient.

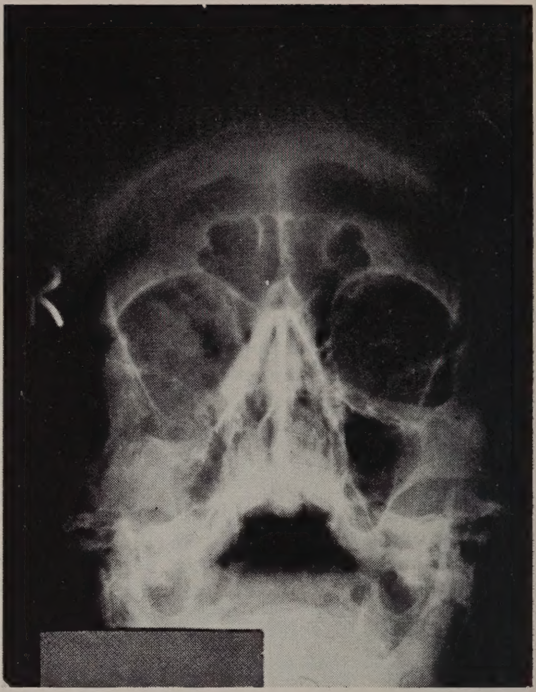

Fig. 3. Modified Water's view of the head showing fracture-dislocation of the zygoma. Note the step deformity of the infra-orbital ridge on the right, the separation at the lateral orbital rim and at the zygomatic arch.

Damage to the infra-orbital nerve may be demonstrated by light stroking of the infra-orbital area, side of the nose and upper lip. Numbness of these areas indicates that the nerve has been damaged but usually the extent of damage cannot be determined.

PLANNING OF TREATMENT

The degree of comminution, the amount of displacement and the presence or absence of blood in the antrum must be known to plan the proper treatment in each case. To determine these factors adequate x-ray examination is necessary. In addition to routine A-P and lateral views of the skull, a modified Water's view is most helpful as this plane projects the zygomas below the petrous ridge. (Fig. 3) Of further help is a stereoscopic series in this same position. For examination of the zygomatic arches, the submental-occipital view with the cone held close to the jaw to increase the distortion and thus throw the arch further out from the cranium is extremely helpful. (Fig. 4)

METHODS OF TREATMENT

Many methods have been devised for the reduction of fracture-dislocations of the zygoma and maintenance of position of the fragments.[1, 2, 3, 4] These may be divided into trans-antral and extra-antral approaches. We prefer the trans-antral approach as first described by Lothrop[5] and modified by Caldwell and Luc. We prefer this method because it allows for (1) the evacuation of the antral hematoma, (2) the removal of the loose button of bone in the sinus, (3) adequate palpation of the orbital floor and zygoma, (4) the maintenance of the reduction of the fragments by a simple antral pack, and (5) prevention of infection by adequate drainage through the nasal window. If only the zygomatic arch is involved approach from above is preferred as described by Gillies.[6]

ANALYSIS

The incidence of fracture of the zygoma is rising with the ever increasing hazards of modern transportation. However, 40 to 50 per cent of these still occur around the home, office or factory due to falls, swinging doors or fisticuffs. It is in this latter group that the diagnosis may be missed because the patient had few complaints and the degree of trauma is minimal.

If a patient has sustained a blow to the cheek and complains of numbness of the lip or double vision, fracture-dislocation of the zygoma should be suspected immediately. Palpation of the infra-orbital area and x-ray examination as previously described will then support the diagnosis and treatment may be instituted. Some 10 per cent of these however will have no subjective complaints and the early swelling may obliterate the external appearance of bony deformity. In this group, elevation of the fracture is necessary so as to restore the bony contour of the cheek. If treatment is delayed beyond several days, reduction is more difficult and the incidence of complication increases. Complete fibrous union usually occurs within three weeks after which time it may be necessary to do such reconstructive procedures as cartilage or bone grafts to restore facial contour.

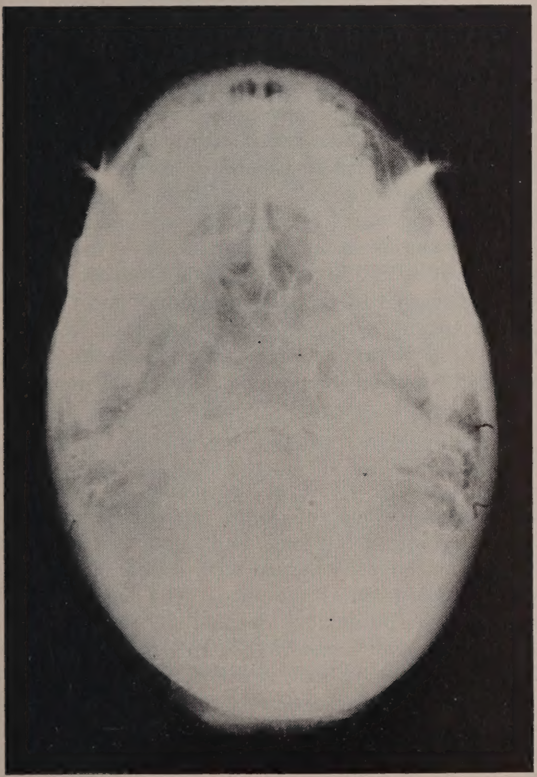

Fig. 4. Submental-occipital view of the head showing "figure 3" deformity of the right zygomatic arch.

For these reasons we feel the justification of this presentation. The best time to treat these fractures is as soon as possible. This then necessitates early recognition of the deformity which depends upon a careful and complete examination of the patient. A method of examination is described which will help establish the diagnosis even without the aid of x-ray examinations. X-ray examination is done to determine the extent of comminution and displacement even when the fracture is obviously present. This aids in planning the mode and extent of treatment.

CONCLUSIONS

In the six year period ending January 1, 1956, we have treated 81 patients with fracture-dislocation of the zygoma and 13 patients with depressed fracture of the zygomatic arch. Of this group, seven developed complicating features, only one of which was possibly due to the surgical procedure itself. This patient developed severe chronic maxillary sinusitis which necessitated a radical Caldwell-Luc excision of the antral mucosa.

BIBLIOGRAPHY

1. Roberts, S. E.: Fracture of the Malar Zygomatic Arch. Ann. Otol., Rhin. & Laryng., **37**:826-838, 1928.

2. Manwaring, J. G. R.: Replacing Depressed Fractures of the Malar Bone. J. A. M. A., **60**:278-279, 1913.

3. Kazanjian, V. H.: Treatment of Injuries of the Upper Part of the Face. J. Am. Dent. Assoc., **14**:651-656, 1927

4. Tanzer, R.: Fracture of the Zygoma. Plast. & Reconstruct. Surg., **7**:400-412, 1951.

5. Lothrop, H. A.: Fractures of the Superior Maxillary Bone Caused by Direct Blows over the Malar Bone. Boston Med. & Surg. J., **154**:8-11, 1906.

6. Gillies, H. D., et al.: Fracture of the Malar-Zygomatic Compound. Brit. J. Surg., **14**:651-656, 1927.

7. The Early Care of Acute Soft Tissue Injuries. Am. Coll. of Surg., Chicago, Ill., 1956.

8. Martin, B. C.; Trabue, J. C., and Leech, T. R.: An Analysis of the Etiology, Treatment and Complications of Fractures of the Malar Compound and Zygomatic Arch. Am. J. Surg., (In Press).

Carbon Monoxide Poisoning

Treatment: Immediately remove patient from exposure and keep in horizontal position: 1. Minimize oxygen demand. 2. Artificial respiration and oxygen therapy is immediately indicated if respiration is shallow. It is most urgent to prevent or abate anoxia! 3. Circulation may be improved by rubbing extremities. Keep patient warm and quiet. Avoid all strain. *Complete bed rest.* Be alert to a delayed relapse. 4. Whole blood transfusion by *exchange* is indicated in severe cases. —Sidney Kaye, Ph. D., Richmond, Va.: *Virginia M. Monthly*, 84:627, December, 1957.

Control of Fingers in Dermatology

HOWARD J. PARKHURST, M.D.

IN spite of the great advances in the field of therapy a few words on a commonplace subject may still be helpful. In the management of dermatologic cases, the importance of controlling the patient's fingers is too often overlooked. It deserves attention especially in the treatment of acne and the pyogenic dermatoses, and in many pruritic conditions.

PYODERMAS

Patients with acne should constantly be cautioned to avoid touching the face and operating on the lesions. Even the removal of comedones should be forbidden; this should be done only by the physician, if at all. It is probable that infection can be conveyed by the fingers from follicle to follicle, producing new lesions. Excoriation aggravates scarring.

Obviously the fingers often cause the spread of furunculosis, folliculitis of the scalp, impetigo and ecthyma. Restraining measures may have to be used, especially during the night.

Many cases of contact dermatitis, especially those due to poison ivy, may be scratched and secondarily infected. Antipruritic applications should be used, and gloves worn during sleep to prevent excoriation.

VICIOUS CIRCLE

In eczemas at all ages, and especially in neurodermatitis, the vicious circle of itch-scratch-itch must be stopped, or the best treatment is likely to fail. This is also true in cases of senile pruritus, and pruritus ani, vulvae and scrotalis, in which the avoidance of scratching is of paramount importance. Many women present a thickened pruritic patch inside the occipital hair border, and here the frequent use of an antipruritic ointment and strict avoidance of scratching will usually bring a quick cure.

The patient should always be instructed to keep hands off, because it is true that many skin conditions do not itch until they are touched. If itching occurs, antipruritic medication may be applied to relieve it. To prevent nocturnal scratching the patient must wear thick, smooth cotton gloves during his sleep. There must be no rough outer seam on the glove fingers, and they must fit the hands so that they will not be removed during the night. An antipruritic ointment or lotion should be at the bedside for immediate use if itching awakens the patient.

Infants with eczema should have *two* thick cotton stockings fastened over *each* hand, *night and day*, and secured to the sleeves with two stout safety pins. This affords 2-ply protection; one stocking would not be enough. It does not limit motion of the arms, and seems to give satisfactory results.

SUMMARY

To sum up: Patients with acne must never touch the affected areas. The same is true of pyogenic dermatoses.

In all itching skin conditions, smooth cotton gloves should be worn during the night and effective antipruritic applications provided for use when needed. Scratching must be avoided at all times.

In infantile eczema the hands should be covered constantly.

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The Harmful Effects of Oxides of Nitrogen

The irritant oxides of nitrogen, especially nitrogen dioxide (NO_2) are liberated during gas-shielded electric arc welding and when organic nitrogenous materials are heated. Fires in chemical laboratories often result in breaking of bottles of nitric acid, with liberation of nitrogen dioxide from the heated liquid. Proof that "silo disease" is due to oxides of nitrogen is still lacking, but the evidence is strongly convincing. The fatal concentration is 150 to 200 ppm if breathed for an hour; 30 ppm will produce symptoms and 5 to 10 ppm is considered safe for an eight hour working day. At a distance of six inches from the welding field the concentration may reach 30 ppm but at two feet it is rarely 1 ppm. Los Angeles air contains at most 0.5 ppm and the peak concentration on most days rarely is above 0.25 ppm.

The harmful effects of the oxides of nitrogen are similar to those of ozone, but except at fatal concentrations, symptoms and signs are delayed for several hours, whereas with ozone the effects may be noted almost at once. The chief effects are upon the pulmonary epithelium, with ensuing edema and even hemorrhage; this is followed by fibrotic changes which develop to the point of respiratory embarrassment in three to eight weeks. Such fibrosis can probably be ameliorated or prevented by administration of Meticorten.®—Clinton H. Thienes, M. D., Pasadena: *California Med.*, 87:135, September, 1957.

Eye Care in Nursing

WILLIAM H. HAVENER, M.D.

EVERY nurse working in a hospital will encounter patients who cannot adequately close their eyelids. Such a patient is subject to the serious hazard of corneal damage from exposure and drying. Among the more common diseases which may cause corneal exposure are unconsciousness from trauma, the coma of serious illness, the lethargy of sedatives and anesthetics, and paralysis of the facial nerve (which innervates lid closure). Obviously there are very many such patients, and the potential incidence of corneal exposure damage is therefore very great.

Because of the nature of her duties, the nurse is in far more constant and close attendance upon the patient than is his physician. Her alertness is the patient's first defense against many threats while he is in a helpless condition. The importance of specifically guarding against corneal exposure is well illustrated by the following two cases:

Case No. 1: The 32 year old wife of a physician developed a very severe pneumonia, which caused her to lie semicomatose with partially unclosed lids during one night. Thanks to modern antibiotics she made a complete recovery—*except for permanent scarring of both corneas* as a result of that one night of exposure and drying. Permanent blurring of vision (20/200) is surely a high price to pay for a single unguarded night.

Case No. 2: A 27 year old nurse with a parotid malignant growth underwent surgery, which included removal of the facial nerve. Being at the end of a long day's schedule, she was returned directly to the floor in the evening instead of to the recovery room. Semicomatose during that night and unable to close her lids on the paralyzed side of her face, she developed severe exposure damage and scarring of the involved cornea; and to this day cannot see even the big E on the vision chart.

Tragically unnecessary, isn't it? The simplest of care—liberal use of any lubricating eye ointment and careful lid closure will prevent occurrence of similar tragedies. Nurses, in their routine nursing rounds, are the best insurance against corneal exposure—if they will be constantly alert for those lids which are not adequately closed.

Administration of eye drops is perhaps the commonest ophthalmic medical care carried out by nurses. This is most simply done by having the patient look up (turning both face and eyes upward) as the nurse retracts the lower lid downward. This creates a pocket behind the lower lid into which medication can easily be dropped. Normal blinking and eye movements will promptly distribute this medication over the surface of the eye.

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An important precaution frequently overlooked is avoidance of contamination of the dropper (or nozzle of the tube, if ointment is used). Should the dropper touch the patient's lids, the nurse's fingers, the table, etc., it will carry bacteria to the bottle. The next drop from this bottle will then deliver germs to an eye. It is authoritatively believed that a significant percentage of eye infections arise from the use of contaminated drops from dispensary, hospital, or office. Even antibiotic drops may carry serious infections, since no antibiotic is effective against all strains of bacteria. *Do not*, therefore, permit an eye dropper to touch the lids or any other surface.

Be absolutely certain what kind of drops was ordered, and recheck the label before use to avoid error. Very serious consequences may ensue from such a mistake. As an example, let us select atropine, a commonly used drop which dilates the pupil and paralyzes accommodation—sometimes for as long as two weeks. The mistaken use of a single drop of atropine in a patient with glaucoma may precipitate an acute elevation of intraocular pressure, requiring surgery and perhaps even costing the patient his sight. If a neurosurgical patient suddenly develops dilated and nonreactive pupils, brain surgery may be recommended if the physician is unaware that atropine has been mistakenly used. I have seen a nurse unable to read for a week because of rubbing her eyes with a finger contaminated with atropine.

Manipulation of the lids during instillation of drops or for inspection of the eye should be done with fingers placed over the bony walls of the orbit. *Never* attempt to open lids by pressing over the eyeball itself. This is especially true in the care of postoperative intraocular surgical patients. Industrial nurses, called upon for first aid in eye injuries, should scrupulously avoid pressing upon damaged eyes. A single enthusiastic, but misguided, squeeze on the lids may pop lens, iris, and vitreous through a corneal laceration more easily than squeezing a blackhead!

Since the postoperative care of intraocular surgery is usually limited to eye floors, it will be discussed only in broad terms. Whenever an incision has entered an eye, the hazards of rupture of the wound, prolapse of intraocular contents, and intraocular hemorrhage exist. Incidence of such serious complications rises sharply if the patient is uncooperative, or is handled roughly. Immediately postoperatively the utmost gentleness is mandatory, and any muscular exertion or jarring of the body must be avoided. Strict bed rest is observed, turning is permitted only with help, meals should be fed by an attendant, and the patient should be *lifted* onto the bedpan. The operated eye should be protected from accidental injury by a metal shield. There is no objection to careful hair-combing or shaving by an assistant, providing the patient's head is not shaken.

A warning is in order concerning the care of the nurse's eyes. Dealing constantly with disease and infection, she is ideally situated to carry bacteria to her own eyes. A nurse should *never rub* or pick at her eyes unless she has washed her hands thoroughly. A nurse can get conjunctivitis just as easily from an abdominal abscess as from another infected eye. Should infected matter spurt into her eye, prophylactic use of topical antibiotics is definitely indicated, under supervision of an ophthalmologist.

Acute bacterial conjunctivitis (pink eye) is the commonest cause of a red eye, and is a relatively benign disease. The importance of redness as a warning signal of eye disease should not be underestimated, however; *redness, pain, and decreased vision* in an eye demand prompt attention. Such manifestations occur in corneal ulcer, iritis, glaucoma, and similar extremely serious eye diseases.

Will reading in bed damage the patient's eye? Or holding the book too close? Or using the poor light of the bedside lamp? Or reading without his glasses which he forgot to bring to the hospital? Or excessive T. V. watching? No evidence exists that any eye damage can result from these practices. It is certain that prolonged use of the eyes under adverse conditions may lead to fatigue, even headache, but this does not injure eyes any more than legs are injured by walking upstairs till they are tired. Even in the presence of eye disease, use of the eyes is not harmful (with the exception of some cases of strabismus and retinal detachment). It is sad to hear of blind patients who have denied themselves the pleasure of seeing while they could with the erroneous idea of "saving their eyes."

Glasses are useful primarily for the symptomatic relief of such symptoms as headache, eye fatigue, or decreased vision. With the exception of strabismus, eye disorders are not made better or worse by wearing or not wearing glasses. A brief mention of glasses dispensing is in order because of common confusion concerning personnel in this field.

An ophthalmologist (or oculist) is an M. D. who has taken additional specialized training in eye care, presently requiring three years beyond internship. He is qualified in all aspects of eye care, including surgical, medical, and refractive problems.

The optometrist is a nonmedical man, formerly often self-trained, now graduating from a college course. He is qualified to measure the refractive error of eyes, but is not trained to diagnose or treat any type of disease—ocular or systemic.

An optician is the technician who prepares and grinds lenses, places them in proper frames, and otherwise carries out the mechanical manufacture and fitting of glasses.

With great frequency both ocular and systemic diseases manifest themselves through visual disturbances and eye fatigue. The patient has no way to differentiate these symptoms from those of refractive error. Should he seek aid from a nonmedical refractionist, diagnosis of the true nature of his difficulty and proper treatment are often considerably delayed. Common diseases with such ocular manifestations include diabetes, hypertension, intracranial pathology, and blood dyscrasia. As one example of an eye disease with such manifestations we may select chronic simple glaucoma.

Chronic simple glaucoma affects 2 per cent of all people over 40 years of age. It is an extremely insidious, difficultly recognized, almost asymptomatic process which is responsible for 12 per cent of all blindness in the United States today. Masquerading as the need for a new pair of glasses, glaucoma may successfully deceive the patient and his refractionist until the white-cane phase of this disease nears. Anyone over 40, with any history of familial blindness due to glaucoma or unknown cause, should consult an ophthalmologist.

One other serious eye problem of high incidence should be mentioned. About 2 per cent of the population has one eye with vision so poor as to be essentially useless—due to an entirely preventable cause. Suppression amblyopia refers to poor vision due to disuse of an eye. The common cause of this is strabismus (cross-eyes) in childhood. The simple expedient of patching the good eye (under expert supervision) during childhood can force the suppressed eye to see again. Such therapy must be instituted early to be successful. Any child with strabismus should be seen by an ophthalmologist *as soon as strabismus is noted,* regardless of how young the child is. A particularly pernicious old wive's tale runs thus, "Never mind, he'll outgrow the cross-eyes." It is true that a number of cases with crossed eyes may spontaneously straighten, but suppression of vision in an eye will never clear without therapy. In fact, if vision has not been restored by 6 years of age, it is probably lost forever.

To summarize I urge that nurses always follow these rules:

1. Never let your patients suffer from corneal exposure.
2. Always check order and label to be sure you have the right kind of drop.
3. Never contaminate the dropper.
4. Manipulate lids by pressure over the *bony rim* of orbit, never over eyeball.
5. Be gentle with postoperative intraocular surgical patients.
6. Don't rub your eyes.
7. Red, painful eyes with decreased vision demand prompt attention.
8. Two per cent of everyone over 40 has chronic simple glaucoma, the cause of 12 per cent of blindness in the U. S. A. Everyone over 40 with a family history of blindness due to glaucoma or unknown cause should consult an ophthalmologist.
9. A cross-eyed child should consult an ophthalmologist as soon as this condition is recognized.

Epidemiology of Q Fever In Man

Though Q fever unquestionably can be transmitted by means of insect vectors and by means of contaminated milk or other food products, these methods have given a poor yield of transmission experimentally. Similarly, epidemiologic information indicates that these methods are not significant. By far the most successful method of transmitting the disease experimentally has been by exposure to dust contaminated with the organism.

A study of most human epidemics substantiates the impression that the disease is generally transmitted by airborne modalities. Clinically, the disease does not seem to be transmitted from person to person, and isolation of patients is unnecessary. In Iowa, one would expect to find Q fever in farmers who work with or in the vicinity of cattle, sheep and goats, and it would be most apt to occur in the spring following delivery of the young animals. It is also likely to occur in employees of meat packing and rendering plants, or in personnel who handle hides and skins. Finally, it is exceedingly likely to occur in any laboratory working with Coxiella burnetii. In almost every instance, some personnel or individuals having casual contacts with such a laboratory become infected.

The disease is much more common in men than in women, and much more common in adults than in children. Perhaps the explanation is to be found in the fact that men are more frequently exposed to animals and their dust.—Robert E. Hodges, M. D., Iowa City: *J. Iowa State M. Soc.*, 57:696, November, 1957.

Franklin County Pelvic Cancer Delay Committee Report

By John H. Holzaepfel, M. D.
Columbus, Ohio, Chairman

The Franklin County Pelvic Cancer Delay Committee met at the Columbus Health Center on November 20, 1957, at 12 o'clock noon. There were three cases presented.

Case 47: A 30 year old patient. September, suspicious Papanicolaou smear. Cervix described as having marked erosion, friable to touch and bleeding readily on examination. November Papanicolaou smear negative. March Papanicolaou smear positive. Patient admitted to hospital. Biopsy specimen taken. Carcinoma in situ was revealed. Patient treated by total abdominal hysterectomy. Follow-up examination in November revealed no evidence of disease.

Comments: Seven months' institutional delay. Suspicious Papanicolaou smear followed by a negative. Papanicplaou smear is of no significance in presence of an abnormal cervix. Biopsy should have been done at least at the time of the second smear.

Case 48: A 55 year old patient. Postmenopausal bleeding for four years. Increased bleeding from January till June. Treated with vaginal suppositories for a period of one year. June dilatation and curettage revealed carcinoma in situ of endometrium. Patient treated by total abdominal hysterectomy.

Comments: *Patient delay* three years. *Physician delay* one year. Vaginal tablets therapy is incorrect treatment for post menopausal bleeding.

Case 49: A 50 year old white female asymptomatic until three months prior to admission to the hospital. Developed tightness of her clothing and an enlarged abdomen. When first aware of symptoms she saw her physician.

Laparotomy revealed nonoperable ovarian carcinoma. Patient treated with external therapy.

Comments: Three months' delay on part of the patient. This case points up the absolute need of periodic pelvic examination. It is the only manner by which ovarian carcinoma can be detected early other than abdominal surgery.

Convalescence and Rehabilitation Following Head Injury

The convalescence and rehabilitation of the head-injured is usually smooth and complete considering the severity of the alteration of brain function that occurred. Pending litigation, a neurotic personality and advanced age are operative in delaying a course of otherwise uneventful recovery, however. The recent tendency to advocate an earlier ambulation and assumption of activity with return to a useful role in life is based on sound principles, and contrasts with the time-honored period of enforced absolute bed rest for the most trivial head injuries, which together with an alarmist and overprotective supervision, often bred much psychosomatic invalidism.—Juan E. Fonseca, M. D., Tucson: *Arizona Med.*, 14:651, November, 1957.

Acute Hydramnios at the Fifth Month of Pregnancy (Report of a Case)

R. R. MAIER, M. D.

AN intriguing problem for obstetricians for many years is the origin and fate of amniotic fluid. Recently, Hutchinson et al.[1] using radioactive isotopes, confirmed the theory that the fluid and the electrolytes are in a constant state of exchange with the mother. But in spite of such advances in our knowledge we are still in the dark as to the true source of the fluid and, hence, as to the etiology of the syndrome of acute hydramnios. A short time ago, I encountered such a problem which merits reporting because it presents a typical picture and involves a truly excessive quantity of fluid.

CASE REPORT

The patient, a 29 year old female, Para II, gravida III, had an uneventful previous obstetrical history, having had two normal full term male infants with no complications in 1950 and 1952. On March 31, 1953, she presented herself with a story of having had her last menstrual period on November 28, 1952. Examination disclosed the uterus to be enlarged to the level of the umbilicus, which was much higher than one would have anticipated from the date of her last menses. Laboratory studies showed her to be Rh positive, serologically negative for syphilis, and moderately anemic with a hemoglobin of 62 per cent and a red blood cell count of 3,420,000. Urine was normal, blood pressure 120/70, weight 127 pounds.

When again seen on April 18, 1953, her weight had jumped to 133½ pounds, her abdomen appeared to be the size of a 7 month gestation, and she now had pedal edema. Hydramnios and twins were suspected and x-ray confirmed the latter.

She was started on a regime of restricted fluid intake, sedation and ammonium chloride (90 grains daily). But the patient showed no improvement and, by May 2, her weight had increased to 137½ pounds. She had constant abdominal pain and dyspnea to such an extent as to interfere with her eating and sleeping. She was approaching exhaustion. Hospitalized on May 4, the restricted regime was augmented by bed rest and the use of Demerol® for her pain.

The laboratory findings showed a marked secondary anemia (hemoglobin 6.9 grams and 3.24 million red blood cells). The uric acid was 5.8 mg. per 100 ml. which was slightly elevated. A urea clearance test on May 5 revealed a better than average normal function and chest plates disclosed neither pleural nor pericardial fluid. In spite of the restricted regime and an apparently greater fluid output than intake, she gained almost 2 pounds. She lost her pedal edema but her abdomen was tremendous.

Insofar as she was in only her fifth month and her exhaustion and debility were so marked as to render it impossible for her fetus to reach a period of viability, let alone term, it was decided that some form of tapping must be undertaken. Since pelvic examination showed the cervix to be effaced and about 4 cm. dilated, it was felt the safest procedure would be needle puncture of the membranes and gradual release of the fluid. Under direct vision, a small trocar was introduced through the membranes and a measured 9,000 cc. of amber-colored fluid were withdrawn.

The Author

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Almost simultaneously with the loss of the fluid, uterine contractions began and, within a matter of minutes, one twin presented as a double footling breech. The patient was given cyclopropane anesthesia and the first twin extracted. Considerable bleeding followed its delivery, apparently from a partial separation of the placenta, so the second twin was quickly delivered by version and extraction and the placenta manually removed. Pitocin® was given intravenously and ergotrate intramuscularly; the distended uterus contracted quite well. Her blood pressure remained good, but in view of her anemia, she was given a transfusion of 500 cc. of whole blood. The infants, both females, made a few attempts at respiration and then expired. Twin "A" weighed 390 grams and "B" 420 grams.

The mother's postpartum course was entirely uneventful and by her first postnatal visit on May 28, 1953, her weight was down to 111½ pounds. The patient subsequently became pregnant again, had an entirely uneventful pregnancy, and delivered a normal infant on July 5, 1955.

DISCUSSION

This case, as pointed out, met all the requisites for acute hydramnios as set forth by Yordan and D'Esopo. There are, however, several unusual features. First, it presented a full blown picture extremely early, well before the twentieth week of gestation. Second, the quantity of measured fluid (9,000 cc.) approached the upper limit of that reported in the literature. Third, we were fortunate in our handling of the problem that the fairly rapid emptying of the uterus did not give rise to atony, hemorrhage or shock. Fourth, it would seem that the twin pregnancy was somehow related to the etiology, since the same patient subsequently had a completely normal single gestation.

REFERENCES

1. Hutchinson, D. L., et al.: Surg., Gynec. & Obst., **100**: 391-396, April, 1955.
2. Prindle, R. A., et al.: New England J. Med., **252**:555-561, April 7, 1955.
3. Yordan, E., and D'Esopo, A.: Am. J. Obst. & Gynec., **70**:266-273, August, 1955.

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MATERNAL HEALTH IN OHIO

TOPIC THIS MONTH:

Maternal Deaths* Involving Anesthesia

CASE NO. 7

The patient was a 31 year old, colored, Para III, abortus I, who died 10 hours and 41 minutes postpartum. The past medical history revealed no significant findings and the prior obstetrical history likewise did not contribute any pertinent data other than that her first two pregnancies at ages 18 and 26, respectively, resulted in uncomplicated, live, term deliveries. Her third pregnancy at age 28 terminated as a 10 week abortion.

The antenatal course from the sixth month of gestation, when the patient first came under the supervision of the attending physician for her last pregnancy, was reported as adequate with a record of eight prenatal visits and no pathological findings were noted at time of any of these prenatal visits.

On January 28 the patient entered the hospital at term in active labor; Demerol,® scopolamine, and Nembutal® analgesia was administered. After a 10 hour and 14 minute labor, membranes were ruptured artificially followed in 15 minutes by low forceps delivery of a living 10 pound, 6½ ounce fetus. It was reported that during the second stage, when the patient became restless on the delivery table and could not be controlled by nitrous oxide-oxygen-ether anesthetic, she was given 5 cc. of 2½ per cent sodium Pentothal® solution intravenously with subsequent signs of aspiration and apnea. Following suction aspiration, she seemed to improve and following the delivery she was taken to her room in fair condition.

Her condition remained fairly stable with the use of oxygen and sedation. Details of the physical findings are not recorded. She was reported as "suddenly becoming acutely ill and died within a few minutes in spite of heroic efforts of resuscitation." Autopsy was not performed.

Cause of Death: Aspiration of vomitus; anesthetic for delivery.

COMMENT

The Committee voted this a preventable maternal death and felt that this case emphasized the importance of insuring beforehand that the stomach be empty before a general anesthetic is administered. The Committee felt the situation was poorly handled after vomitus was aspirated. It would appear that in such a case bronchoscopic aspiration of the trachea and upper bronchial tree would be in order.

CASE NO. 13

This patient was a 22 year old, white, Para I (twins) who died 18 hours postpartum. Her past history included only an appendectomy in 1948. She registered October 13 (at 19 weeks) and returned for regular visits thereafter; early nausea and vomiting with one episode of pedal edema were her sole prenatal complications. Her pelvis was considered adequate; total weight gain was 19 pounds.

On February 10 (36 weeks) at 1 a. m. she was admitted to the hospital, in labor, with normal findings on physical examination, cervix 4 cm. dilated. Demerol 100 mg. and scopolamine 1/100 gr. were administered at 2:30 a. m. For nearly 12 hours labor stopped, then recommenced at 1 p. m. (Feb. 10) when the medication was repeated. Intravenous fluids were administered, labor continued. By 12:45 p. m. (Feb. 11) the cervix was completely dilated, head at plus 1 station; Demerol 100 mg. was given. She was taken to the delivery room, given ½ cc. of Nalline,® and a saddle block anesthetic was administered (5 mg. Pontocaine,® and 1 cc. of 10 per cent dextrose).

Immediately the patient complained of vertigo and nausea, when horizontal; no blood pressure could be obtained. Oxygen was started and ½ cc. epinephrine (1/1000) was given intravenously followed by 1000 cc. of 5 per cent dextrose in water. The patient was prepared and draped. At 1 p. m. Baby "A" (4 pounds, 12 ounce) was delivered alive by low forceps; the patient responded only slightly. Epinephrine was repeated. Blood pressure varied 110/70 to 0/0. Baby "B" was then delivered at about 1:15 p. m.? (weight not recorded) as a stillborn, by version and breech extraction; placenta was complete at 1:55 p. m. February 11th.

After the second twin, the patient's blood pressure was 80/0, respirations were normal and she was lucid; she was maintained on Neo-Synephrine.® Legs were elevated, 400 cc. 5 per cent dextrose in water was given, followed by 1,000 cc. dextran and 1,000 cc. whole blood. She seemed to improve. Blood pressure was 90/0, pulse 100 and a retention catheter was placed, draining a small amount of urine.

Obstetric consultation was obtained at about

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

6:30 p. m. and an abdominal binder was placed. Soon acute pulmonary edema, and cyanosis developed; morphine ¼ grain was administered followed by 1/6 grain more in 30 minutes, and Cedilanid.® At 11:30 p. m. a "grand mal seizure" developed followed by cyanosis and the blood pressure disappeared. Treatment included Levophed,® 100 cc. of 20 per cent dextrose in water, then 300 cc. of 20 per cent dextrose in water followed by adrenal cortical extract. The patient deteriorated, pulse disappeared, and after another convulsion she expired February 12 (18 hours postpartum). Autopsy permission was obtained:

Pathological Diagnosis: Severe cerebral edema; severe pulmonary edema; patchy hemorrhagic necrosis of liver; membranous glomerulonephritis, mild upper nephron nephrosis; bilateral hydrothorax; (Note: clinical history and course would suggest mechanism of shock following tetracaine injection. While latter is a possibility it can be neither confirmed nor denied).

COMMENT

With a great deal of interest the Committee studied the well organized report of events in this case. Apparently the diagnosis of twins was made soon after delivery of Baby "A" which is not too unusual, but it shocks the operator. It was felt that medication during labor was too heavy, and that entirely too much parenteral fluid was administered after delivery. Rather, a needle should have been inserted to run fluids intravenously *prior* to injection of the spinal anesthetic, thereby being ready for the hypotension which followed. Some members felt it would have been helpful to drain spinal fluid when shock developed. All members agreed that it would have been advisable to *treat the patient* in her profound hypotension, rather than to have traumatized her and the fetus (es) with prompt delivery, especially with version and extraction. The Committee voted this a preventable maternal death.

CASE NO. 36

This patient was a 32 year old Negro, abortus I, Para VII, who died almost 15 minutes postpartum. Family history and her past history were not remarkable. Her first pregnancy (twins) terminated at six months; the following five pregnancies were delivered at term without complication. Her last menstrual period began August 16th, and the prenatal course was uncomplicated until the eighth month, when she developed a transverse lie. This was corrected by external version; pelvic measurements (clinic) were reported to be adequate.

On May 5th (at term) the patient was admitted in active labor at 11:15 p. m. Examination revealed blood pressure 120/90, pulse 86, respirations 18; heart and lungs were clear, abdomen 27 cm., fetal heart good, fetus presented as a breech (obliquely), membranes intact and bulging, cervix fully dilated. Fifteen minutes later it was decided to proceed with a vaginal delivery under general anesthesia.

At 12:15 a. m. (May 6) the anesthesia was begun (nitrous oxide, oxygen and ether) by a physician. As the patient was being prepared, she vomited and aspirated a large amount of undigested food. Attempts were made to suction patient; because of the tremendous amount of material filling the pharynx a nasal tube was passed. Breathing ceased and the patient's pulse became weak.

Even though a tracheotomy was done, no oxygen passed into the lungs. Immediately the patient was delivered, breech extraction, 6 pound, 1 ounce, lethargic baby which responded to gentle stimulation; a "nuchal hitch" developed but was decomposed by rotation. The mother did not breathe and was pronounced dead at 12:30 a. m. Autopsy was performed.

Cause of Death: Asphyxia, aspiration.

Pathological Diagnosis: (Coroner) Air emboli in inferior vena cava and ventricle and atrium of right heart.

COMMENT

The Committee voted this case a preventable maternal death. Members noted the similarity between this case and Case No. 12 (Maternal Health in Ohio, *Ohio State M. J.*, 52:1298, (Dec.) 1956). Although some agent was indicated in this breech delivery, inhalation anesthesia should not have been employed unless it was certain that the stomach was empty. Committee members felt that pudendal block would have provided a safer anesthesia, under the circumstances; or perhaps she needed none at all.

COMMENT OF CONSULTANT

The following comment of a consultant, who is a specialist in Anesthesiology, was given at the request of the Committee.

* * *

The comments of the committee are pertinent and this consultant is in full agreement with them. Supplementary remarks follow.

Physicians may well be proud of the great improvement in medical care which is taking place in this country. As maternal mortality from all other causes decreases, the proportion of maternal deaths due to anesthesia is increasing. The hazards of anesthesia today are identical with those of years gone by: aspiration of vomitus, obstruction of respiration, and shock.

Physicians have become so accustomed to the excellent anesthesia and profound relaxation available for surgical patients, that similar conditions are sought for obstetrical patients. That the risk factors in obstetrical patients are greater is not sufficiently taken into account.

Year after year, a high proportion of all anesthetic deaths is caused by the aspiration of vomitus. A number of things could be done to reduce the frequency of this catastrophe:

1. Emphasize to your patients that when labor begins they should not eat or drink.

2. Do not give food or fluid by mouth to patients in labor in the hospital. Record on the chart when the last meal was eaten.

3. Do not administer general anesthesia to any patient whose stomach is likely to contain food. Use regional anesthesia: local infiltration

of the perineum, or pudendal block, or caudal, or spinal.

4. If a general anesthetic must be given to a person known to have ingested food recently, the stomach may be at least partially emptied by the administration of apomorphine or other emetics.

5. If a general anesthetic must be administered to a patient who has food in her stomach, an endotracheal tube should first be inserted under topical anesthesia. This will prevent the aspiration of vomitus.

RESPIRATORY EMERGENCY

When a respiratory emergency develops under general anesthesia, tracheotomy often takes too long; consultation, regardless of how erudite, is usually too late. Prompt intubation of the trachea is the preferred treatment. If aspiration of vomitus occurs, the trachea and bronchi should be cleaned, using an endotracheal tube or a bronchoscope. Restlessness of the patient is probably a sign of anoxia. It should be treated by more oxygen and more suction of the respiratory tract, rather than by sedation, which contributes to anoxia and may result in death by respiratory depression.

Following the development of respiratory obstruction or aspiration of vomitus, patients usually have increased respiratory effort for a few moments. During this period the pressure in the pleural space becomes strongly negative. This negative pressure is transmitted to the veins, and may result in air being sucked into the open venous sinuses of the postpartum uterus, or into any other veins which have been traumatized, such as those in the tracheotomy site. Air embolism does not occur often; postpartum women are among those who are prone to develop it.

HYPOTENSION

An extraordinarily high anesthetic level may develop following saddle block anesthesia. Hypotension and paralysis of respiratory muscles develop; both result in hypoxia but death need never occur. Proper treatment of such a complication consists of: administration of oxygen (assisted or artificial respiration) to raise the tension of oxygen in the alveoli, and administration of vasopressor drugs in exactly controlled quantities to support the circulation. The vasopressor drugs should preferably be given in an intravenous infusion (Neosynephrine® 5 mg. or ephedrine 100 mg. in a liter), thus permitting moment to moment control of the blood pressure by regulating the speed of the infusion. The administration of repeated doses of large quantities of vasopressor drugs causes transient hypertension followed by a return to the hypotensive state. During the hypertensive period a cerebral vascular accident may occur.

Neurogenic hypotension following spinal anesthesia does not require fluids for treatment. The hypotension is brought about by dilatation of the blood vessels, and the aim of treatment is to cause the blood vessels to regain their normal tone. The intravenous infusion is merely a vehicle for the controlled and continuous administration of the vasopressor drug. Fluids in great quantities, particularly colloidal fluids such as dextran and blood, cause a marked increase in the work of the heart, and may lead to congestive failure.

PULMONARY EDEMA

The treatment of pulmonary edema caused by excessive fluid administration should consist of phlebotomy, the placement of tourniquets around the extremities, and the administration of oxygen with positive pressure. Alcohol vapor should be added to the oxygen for the purpose of decreasing the surface tension of the edema fluid, thus permitting better aeration of the lungs. Administration of digitalis to a patient with an otherwise normal heart should not be relied upon. The use of large quantities of narcotics in such instances should be avoided. Immediately following delivery or operation, patients are unusually susceptible to the depressant effects of narcotics.

Complications may develop following the administration of any type of anesthetic. Minor complications frequently go unrecognized; major complications often result in a fatality. The incidence of both may be decreased by proper selection of patients and skillful administration of the anesthetic. Whoever administers an anesthetic should not only know the possible complications, but should understand their physiologic basis, and be equipped for and skilled in their treatment.

Viral and Rickettsial Infections Treated with Reticulose

The most noteworthy finding as a result of this study (of five clinical cases of acute viral syndromes) is the rapid action of Reticulose® in promoting a remarkable therapeutic response, particularly after the lack of beneficial action of various chemotherapeutic agents and antibiotics.

Reticulose was well tolerated by all of the five patients and produced no evidence of toxic manifestations or side effects. None of the patients exhibited any sensitivity or allergic reactions while in the hospital or during their convalescence following their discharge.

There was no discomfort elicited after the intramuscular injections. In all of the patients there was improvement within 24 to 36 hours after Reticulose was started, which was manifested by clinical and symptomatic improvement. —Robert H. Anderson, M. D., and Ralph M. Thomspon, M. D., Alexandria, Va.: *Virginia M. Monthly*, 84:347, July, 1957.

A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M.D., *President*

PRESENTATION OF CASE

THIS 59 year old man entered University Hospital, Columbus, complaining of nocturia and burning on urination. He had had two transurethral resections elsewhere three and two years ago for benign prostatic hypertrophy. He was seen at the genitourinary clinic one week prior to admission, where cystoscopy could not be performed due to a severe stricture of the penile urethra, which allowed only 1 inch of the cystoscope to be introduced. Two or three days prior to admission he noticed bilateral costovertebral angle tenderness associated with chills and fever. He denied hematuria, dribbling, urgency and incontinence.

Four years ago the patient was in an automobile accident and sustained a "back injury" without demonstrable fractures. Three years ago he had attacks of "asthma." He was accustomed to drinking up to a pint of whisky a day. He had had exertional dyspnea and pedal edema for the past three or four years. There was marked wheezing with paroxysmal nocturnal dyspnea. Three months ago he had a "heart attack" characterized by syncope, without pain. He was hospitalized elsewhere for 10 days and was treated with oxygen during the first 24 hours. Review of systems was otherwise noncontributory.

Presented by

- **S. W. Robinson, M.D., Columbus, and**
- **Emmerich von Haam, M.D., Columbus. Edited by Dr. von Haam.**

PHYSICAL EXAMINATION

The temperature was 100.2° F., pulse 104, respirations 32 and blood pressure 180 over 95. The patient was a well developed white male, mildly dyspneic and hyperpneic, with wheezing. He was in no acute distress. Auscultation showed bilateral wheezing throughout the chest with dullness on percussion noted over both bases. The left heart border was percussed at the anterior axillary line. He had a grade III high-pitched, whistle-like murmur over the pulmonic valve area. There was a sinus tachycardia.

The abdomen was slightly obese and pendulous. The liver edge was palpated 5 fingerbreadths below the right costal margin. There was epigastric and costovertebral angle tenderness. The spleen was not palpable. There was shifting dullness on percussion. The genitalia were normal. There was 2 plus pretibial edema.

LABORATORY FINDINGS

His red blood count was 3.34 million, his hemoglobin 10.6 Gm., his white blood count 5,250 with a normal differential count. The urinalysis showed a specific gravity of 1.012, a *p*H of 7.5, a protein of 75 mg.; the sediment showed many bacteria (rods and cocci). The serology was negative for syphilis. The alkaline phosphatase was 7.7 units, inorganic phosphorus 3.2 mg., the acide phosphatase 0.4 units. The blood cholesterol was 165 mg., the cholesterol esters 67 per cent; the cephalin flocculation reaction was 3 plus; the direct van den Bergh 1.0 mg., the indirect 2.1 mg.; the thymol turbidity reaction 50; the prothrombin time 34.6 per cent. The blood urea nitrogen was 26 mg. The sodium was 145 mEq., the potassium 4.7 mEq., the blood chlorides 110 mEq.; the Co_2 combining power was 40 to 56 volumes.

X-RAY EXAMINATION

The x-ray of his chest on admission revealed cardiomegaly and calcification of the aorta with signs of moderate congestive failure. An intravenous pyelogram showed functioning kidneys with poor visualization of the collecting system. The bladder showed an unusual pattern possibly due to trabeculation. The spleen was enlarged.

ELECTROCARDIOGRAM

The electrocardiogram showed a pulse rate of 100 with a regular sinus rhythm. The P-R interval was 0.16; the QRS wave was 0.08; the ST and T waves were normal. The impression was left ventricular enlargement with premature ventricular contractions.

HOSPITAL COURSE

Immediately after his admission to the Urological Service the patient was transferred to the Medical Service. He was digitalized and given ammonium chloride and mercurials. He lost 5 pounds in four days. Later he became confused and the lumbar puncture showed a pressure of 220 mm., a sugar of 83 mg., and chlorides of 727 mg.; the bacteriological examination was negative. The blood urea nitrogen rose to 48 mg. Because of slight elevation in his blood ammonia, chloral hydrate and ammonium chloride were discontinued. His blood urea nitrogen fell to 35 mg. and his weight stabilized. The Bromsulphalein® retention was 46.5 mg. and electrophoretic studies showed an albumin of 49.8 per cent and a globulin of 50.2 per cent with 29.1 per cent of gamma globulin.

Three weeks after his admission he suffered two bouts of epistaxis. The patient was again transferred to the Urology Service and had several urethral dilatations until a No. 16 catheter could be passed. He was transferred back to the Medical Service and one week later again had severe epistaxis arrested only by cauterization and packing.

Immediately after this he went into shock with hyperventilation, a blood pressure of 70 over 30, a pulse of 120. He was treated with dextran and whole blood. Despite two blood transfusions he again became confused, lethargic and shocky. His blood pressure fell to 80 over 40 and his pulse rate rose to 120. He appeared acutely ill. The sclerae were moderately cyanotic; hydration was fairly good; cardiomegaly was noted again and a loud, blowing, harsh systolic murmur over the apex; both lungs showed rales on auscultation. The neurological examination revealed a cloudy sensorium but was otherwise not remarkable. A repeat electrocardiogram showed an atrioventricular block, left ventricular stress and digitalis effect.

He was given 3,000 cc. of intravenous fluids, calcium gluconate and sodium glutamate. Under this treatment his hemoglobin rose to 9.6 Gm. He continued to run a fever between 100 and 103° F. A blood culture was reported positive for enterococcus. He was given massive doses of antibiotics including penicillin, erythromycin, and several blood transfusions.

He developed increasing weakness, became uncooperative and disoriented, and had a few bleeding episodes from the rectum which were attributed to hemorrhoids. He also developed attacks of asthma which responded to epinephrine. He had persistent tachycardia with frequent extrasystoles, a positive Duroziez's sign and a pistol-shot sound over his femoral arteries. The heart dullness extended to the anterior axillary line and a loud, harsh sytolic murmur was heard frequently over the apex in the fifth intercostal space. Along the left sternal border a medium-pitched diastolic murmur could be heard in the third and fourth intercostal spaces.

The spleen extended two to three fingerbreadths below the left costal margin and the liver two to three fingerbreadths below the right costal margin. His pulse rate decreased to 60 with occasional bigeminy, and he became semi-stuporous and disoriented. He had a clonic-tonic seizure, fell into deep coma and expired after a hospital stay of three months.

CLINICAL DISCUSSION

DR. S. W. ROBINSON: Since I can see no possibility of explaining all the findings of this patient by a single diagnosis, I shall attempt to separate the several problems involved in this patient's final illness. His present illness began three to four years ago with attacks of asthma, and then we may assume that he developed some mildly progressive congestive failure, although we do not know how much this interfered with his normal activity. Apart from this he also had his urinary tract problems, which were quite obvious at the time of admission. He had had two prior transurethral resections and so we can assume that he had had some type of obstructive uropathy without any evidence of unilateral renal disease. In addition he showed symptoms of alkalosis, such as his wheezing, which I do not consider as part of his congestive failure. There was finally the additional problem of gastrointestinal bleeding which seems to be ascribed to bleeding hemorrhoids. And, finally, we have some evidence that this patient was also suffering from some type of liver disorder which may or may not be part of his congestive failure.

Let us discuss first his urinary tract lesion, because I don't think that it had any serious relationship to his demise. I think we can assume that he was suffering from benign prostatic hypertrophy. He also had a urethral stricture which had to be dilated, and he probably had bilateral pyelonephritis. He showed evidences of proteinuria and bacilluria, but there is nothing to suggest that he had renal insufficiency at the time of his admission although he did have a transient rise in his blood urea nitrogen during a period of time when he was in shock.

What other genitourinary lesions may he have had other than benign prostatic hypertrophy with some uropathy and a secondary mild pyelonephritis? Maybe this man had prostatic carcinoma and we are just being misled by the back injury four years ago. Or perhaps he had a multiple myeloma in one of his lumbar spines which caused symptoms simply by being jarred by the accident. I think that we can probably dismiss these possibilities since his acid phosphatase was less than 1 unit and there is nothing to suggest myeloma except his mild anemia.

The next thing I wish to discuss is his heart disease. Does he have heart disease complicated by respiratory disease? Or did he have basic primary respiratory disease that led to heart disease? I would prefer the first assumption for the following reasons: He had a history of three years of asthma which apparently could be satisfactorily controlled by medication. In association with his wheezing respiration he also developed basilar rales or basilar congestion. But during this three-year period, during which he was developing the symptoms of his terminal illness, he showed exertional dyspnea apart from his wheezing with pedal edema and paroxysmal nocturnal dyspnea. He had a "painless heart attack" for which he required oxygen. Another good evidence in defense of the diagnosis of primary heart disease is his hypertension present at admission, which probably had existed for some time and which only disappeared when he went into shock.

THE ENLARGED HEART

Clinically and roentgenologically he had a big heart, involving particularly the left ventricle, and he never showed cyanosis except during one attack of vascular collapse. He had this interesting high whistling murmur heard over the pulmonic area and later developed a soft diastolic murmur. He was given diuresis, placed on digitalis, and got along well for a matter of four or five days, at which time he developed some mental confusion. Since he was on ammonia products and since his blood ammonia was just above the upper limits of normal, we may relate this confusion simply to ammonia retention. He had a loud blowing systolic murmur at the apical area. He had bilateral rales. His liver again was noted to be sensitive but at this time he did not have peripheral edema.

We will assume that he was maintained on digitalis and was probably being periodically given diuresis during this period of five weeks. The electrocardiogram showed an A-V block, some evidence of left ventricular strain and of digitalis medication, but it did not show any evidence to suggest myocardial injury. His final phase of illness is characterized by fever, confusion and increasing congestive failure. He suddenly had a convulsive seizure, took a few gasps and died.

If we are going to assume that he had primary heart disease with an additional separate problem of lung disease, I think that it would be correct to state that he had hypertensive heart disease which might have been contributed to by his urinary tract problem. He had a large left ventricle. His promiment harsh systolic murmur suggests an aortic stenosis, but he probably did not have a sufficient degree of aortic stenosis to keep his blood pressure at a lower level. We know that sometimes it is difficult to be certain of the physical findings of aortic stenosis and that the murmur is not necessarily located over the aortic area where we would traditionally expect to find it. I think that sometime in the fifth week of his illness, when he developed sudden epistaxis and later went into shock, he showed the first clinical evidence of the development of subacute bacterial endocarditis, since he went through a period of febrile illness which was not mentioned before that time.

Did he also have mitral valve disease? It would be hard for me to say, but I simply choose to select only one valve as being involved although I recognize that that is not a particularly safe position to be in. Once he developed subacute bacterial endocarditis it probably affected his valve further so that he was then having a to-and-fro murmur from his aortic valve. It is attractive to speculate if he might have had a fenestrated perforated aortic cusp, but I don't believe that the man went into sufficiently profound and sudden failure and that the harshness of his diastolic regurgitant murmur was sufficiently characteristic for a ruptured aortic valve leaflet.

Now I think that his lung disease was independent of his heart disease and that it may have been no more than a senile emphysema or chronic bronchitis.

THE LIVER

Finally, we must discuss his liver condition. From the history we know that he liked his whisky in reasonable amounts and with regularity. We are also told that he had a large palpable liver five fingers below the costal margin, but we do not know anything about its consistency or the contour of its free margin. Subsequently the clinical reports suggest splenomegaly which was not present at the time of his admission. The problem of gastrointestinal bleeding enters into the picture also, which might be attributed to liver disease. His stupor, which we explained as a consequence of ammonium chloride therapy, could also be of hepatic origin.

The high Bromsulphalein retention at a time when he had adequate diuresis also supports the diagnosis of liver disease and the rationale of prescribing sodium glutamate might have been with the idea of combating hepatic insufficiency. We see no evidence of palmar erythema or any of the other stigmata that might suggest cirrhosis. But I still lean toward cirrhosis on the basis of his Bromsulphalein retention and his abnormal blood proteins manifested by the cephalin flocculation, the thymol turbidity tests, his prothrombin time and his electrophorectic pattern.

Finally, a note concerning his alkalosis. It is noted that his carbon dioxide combining power was consistently high and on one urine examination his urine *p*H was 7.5. This man was hyperpneic most of the time and I choose to believe that he probably had a respiratory alkalosis.

Why did he die? Did he die because he slowed his pulse even more and had a Stokes-Adams episode at this time? Did he die as result of embolization at this time? Did he die because he developed a fatal ventricular fibrillation or some other fatal rhythm disturbance? Of those three possibilities I do not know what happened. I am inclined to believe that he died as a result of embolization.

CLINICAL DIAGNOSIS

1. Hypertensive and rheumatic heart with calcific aortic stenosis and acute bacterial endocarditis.
2. Nutritional liver cirrhosis.
3. Prostatic hypertrophy with obstructive uropathy and chronic pyelonephritis.

PATHOLOGICAL DIAGNOSIS

1. Hypertensive and rheumatic heart disease with aortic and mitral valvulitis and acute bacterial endocarditis.
2. Nutritional liver cirrhosis with portal

hypertension, ascites and secondary hypersplenism.

3. Benign nephrosclerosis and chronic pyelonephritis.

4. Obstructive uropathy due to urethral stricture and previous prostatic hypertrophy.

PATHOLOGICAL DISCUSSION

Dr. Emmerich von Haam: This case was presented because of the multiplicity of clinical symptoms. He was the kind of fellow that you will meet quite frequently in your practice—a hard-drinking, hard-working man who does not complain much and who, as he gets older, develops liver cirrhosis and prostatic hypertrophy, and due to the stress and strain of business life, hypertension.

The autopsy showed a well developed, poorly nourished male with mild jaundice and pitting edema of his lower extremities. His peritoneal cavity contained 600 cc. of clear fluid. Each pleural cavity contained about 500 cc. of hemorrhagic fluid. His heart was large and weighed 600 grams. The left ventricle was dilated and its wall was thickened. The mitral valve appeared nodular. The aortic valve appeared thickened and calcified. The valve was covered with friable vegetations and one cusp of the valve appeared perforated.

The lungs appeared heavy and congested. The spleen was large and weighed 600 grams. The liver was decreased in size, firm and nodular. No esophageal varices were found but the hemorrhoids were prominent and congested. The kidneys appeared large and coarsely granular. The bladder wall was thickened and trabeculated. Most of the prostate had been removed. The brain appeared congested and edematous. The right frontal lobe contained a cystic space filled with soft creamy material.

MICROSCOPIC EXAMINATION

Section through the aortic valve showed extensive fibrosis with calcium deposits and a superimposed acute purulent inflammation with the formation of ulcers covered by bacteria-laden thrombotic vegetations. Sections through the mitral valve showed similar changes but to a much less degree and without calcification. The lesion presented the typical picture of acute bacterial endocarditis superimposed upon old rheumatic valvular heart disease and involved the aortic valve much worse than the mitral. Sections through the heart muscle showed some perivascular fibrosis but no recent inflammation suggestive of myocarditis or pericarditis. The aorta showed rather severe atheromatosis. The lungs were congested and edematous with numerous heart-failure cells and small infarcts. The patient must have had severe circulatory anoxia before he died.

THE LIVER SECTIONS

Sections through the liver showed marked nodularity with fatty changes and broad fibrous septa typical of a nutritional cirrhosis with portal hypertension. I would say that he had plenty of functioning liver tissue left and certainly should not have suffered from hepatic failure. The esophagus did not show any varicosities but his portal hypertension undoubtedly could have been responsible for the increased hemorrhoidal bleeding. The spleen showed fibrosis of the pulp with nodular reticulum-cell hyperplasia and the pulp cords were packed with red and white blood cells. The picture was typical of the secondary hypersplenism found in younger individuals with portal hypertension and could have been responsible for his anemia, mild jaundice and relatively low white blood cell count. It is an unusual finding for a patient of this age.

Sections through the kidneys showed mild benign nephrosclerosis with some chronic inflammatory changes indicative of pyelonephritis. The cortical zones of the adrenal glands were broad and the cells appeared loaded with lipoid material. These changes explain well the hypertensive state of the patient. The muscle of the bladder was hypertrophied and sections through the urethra showed scar tissue with stenosis. The brain lesion proved to be an old infarct of his frontal cortex and may explain some of his confusion blamed by Dr. Robinson on his ammonia intoxication. It can be explained as a result of embolism from his heart disease.

In summary then, I would like to say that our autopsy findings confirmed to a remarkable degree the clinical diagnosis put forward by Dr. Robinson and I want to congratulate him on his clear and concise analysis of the complex picture presented by this patient.

Vertigo May Incapacitate The Patient

The term vertigo is being used in a broad sense to include the generally accepted forms: the subjective form, in which the patient seems to revolve in space; the objective form, in which the world moves about the patient; and the less definite type called giddiness or dizziness. In the latter form may be included those cases caused by cerebral ischemia as they are often referred to by the patient as being within the head.

The vertigo may be only occasional, or it may be severe enough to incapacitate the patient. It may occur only on motion. Like other symptoms, it is intermittent in time and variable in intensity. Atkinson states that disturbances which produce the characteristic vestibular and cochlear manifestations of Ménière's syndrome are not confined to the ear alone, but there is a general disturbance which involves other organs and functions.—A. O. Hendrickson, M. D., and W. O. Hendrickson, M. D., Wausau, Wis.: *Wisconsin M. J.*, 56:357, September, 1957.

a new chapter in sulfa therapy
ONLY ONE TABLET A DAY

New authoritative studies show that KYNEX dosage can be reduced even further than that recommended earlier.[1] Now, clinical evidence has established that a single (0.5 Gm.) tablet maintains therapeutic blood levels extending beyond 24 hours. Still more proof that KYNEX stands alone in sulfa performance—

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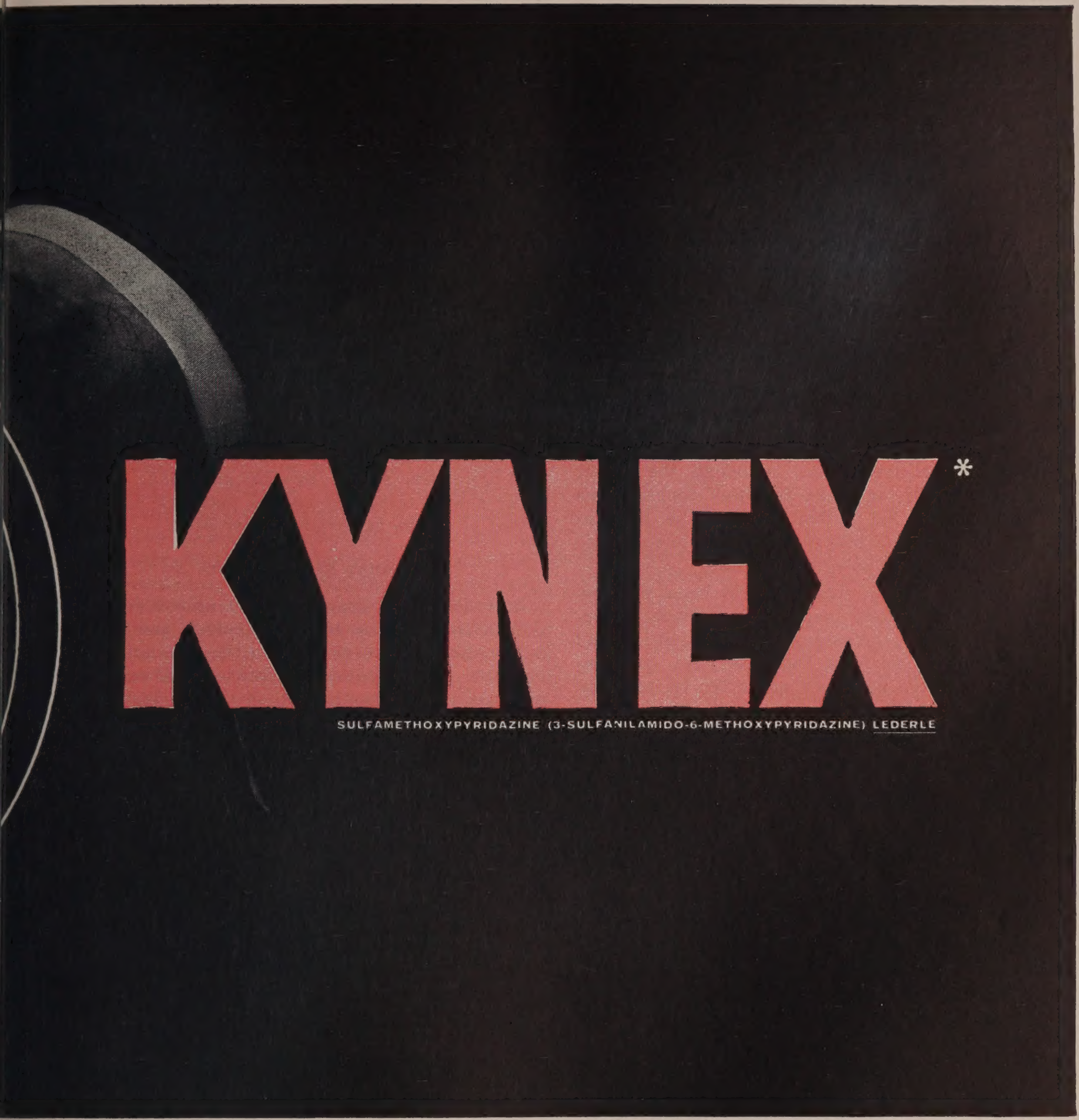
- Higher Solubility—effective blood concentrations within an hour or two
- Effective Antibacterial Range—exceptional effectiveness in urinary tract infections
- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.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NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

TABLETS: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

SYRUP: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK Lederle
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Clinical Laboratory Services . . .

This Specific Instrument Is Necessary for Diagnosis and Treatment Of Hospital Patients, the Joint Commission on Accreditation States

AVAILABILITY of good clinical laboratory services is an important item for each hospital to consider. This article, which is another in a series on hospital accreditation, consists of a statement on this subject issued by the Joint Commission on Hospital Accreditation.

* * *

To provide quality care for patients in hospitals, scientific tools are a necessity for both diagnosis and treatment. Although the extent and complexity of these facilities depend upon the needs of the patients whom the hospital aims to serve, no hospital can be without basic laboratory and radiological services.

In every hospital there should be a well organized, adequately supervised clinical laboratory with the necessary space, facilities and equipment to perform those services commensurate with the hospital's needs for its patients.

GOOD PERSONNEL NECESSARY

Good personnel and supervision are very important factors. It would be ideal if every hospital had its own pathologist. This is impossible because the demand is greater than the supply. Also, the amount of work in smaller hospitals does not justify the full time services of a pathologist. The Joint Commission on Accreditation of Hospitals believes strongly that if a hospital does not have the full time services of a pathologist, it should at least have the services of a pathologist on a regular part time or consultative basis. A hospital is not criticised for sending tissues out to a pathologist but if that same hospital has not been visited by or had its laboratory supervised by a pathologist for quite a long period of time, it must of necessity be scrutinized very carefully as to quality of service given.

The employment of technicians registered by the American Society of Clinical Pathologists is a factor in evaluating quality of laboratory services. Here again the actual number employed means very little without taking into consideration the type of work performed. Very frankly, however, a hospital without the services of a pathologist and without registered technicians cannot objectively be regarded as giving quality care.

RECORD KEEPING

Besides supervision and competence of personnel, the hospital laboratory is evaluated on the basis of the adequacy, speed and completeness of its laboratory service. All reports should be signed and filed in the patient's record. Duplicate copies should be filed in the laboratory. A tissue file and index should be maintained in every hospital laboratory. This index should be according to pathological diagnosis. Whether this index be simple or comprehensive is a question of judgment of the hospital and its needs.

Oral requisitions for laboratory work are not condoned. Requisitions may be made out by the nurse, but there should be an original order for the procedure, signed by the physician. This order should either be on the patient's medical record or in the physician's order book.

MINIMAL REQUIREMENTS

In order for a hospital to be accredited, the Commission requires that a urinalysis and either a hemoglobin test or hematocrit determination be done on all patients admitted. These are minimal requirements and in many instances should be exceeded. Additional requirements should be recommended and approved by the medical staff. The Commission has no requirements concerning laboratory work on outpatients. These policies should be determined by the local medical staff.

In a modern hospital, it is desirable that the hospital have a blood bank, established and supervised under strict regulations. Where this is not possible, the hospital should have at least proper blood storage facilities under adequate control and supervision. For the patient's safety these storage facilities should have an adequate alarm system, notifying hospital personnel of loss of electric power or faulty temperatures.

AUTOPSIES

The percentages of autopsies performed and their utilization as a teaching medium is a very important factor in the accreditation of a hospital, and of necessity is closely allied to the pathology department. The actual procurement of permission for autopsies is largely a function and responsibility of the medical staff. An autopsy should be performed by a pathologist, but where this is not possible, the next best person is a physician versed in autopsy procedure and protocol.

Every good hospital should have its own morgue if physically possible. The number of hospitals without morgues is quite high and the number not doing autopsies is considerable. Autopsies, as a means of staff education and improvement of clinical knowledge, rank extremely high in the minds of the Commissioners of the Joint Commission. As a rule of thumb, the Commissioners believe that non-teaching hospitals should have at least a 20 per cent autopsy rate and teaching hospitals at least a 25 per cent rate. Many good physicians feel this rate is too low and every effort should be made to exceed it.

EQUIPMENT

Attention has been called recently to the necessity for checking the calibration of special laboratory instruments and equipment regularly and periodically. Faulty thermometers and inaccurate colorimeters have been reported in several instances in hospitals. Further checking showed they had not been checked since placed in service.

> **Editor's Note:** At the 1957 Annual Meeting of the OSMA, the House of Delegates instructed *The Journal* to publish material on hospital accreditation. In previous issues, the following phases of the subject were discussed: August—principles underlying the work of the accreditation commission; September—recommendations of the AMA Stover Committee; October—medical staff meetings; November—medical records; December—responsibilities of the medical staff. This is the sixth article in the series.
>
> In subsequent articles as information is available *The Journal* will present suggestions and information from the Joint Commission and answers by the Commission to many varied questions on the activities of the Commission, standards set, hospital administrative problems, etc.

Where possible, the hospital pathologist should be a member of the tissue committee, preferably in an ex-officio, consultative capacity. The question has been frequently asked, "Should the pathologist be a member of the medical staff, entitled to vote and hold office?" The answer to this question is not within the jurisdiction of the Joint Commission on Accreditation of Hospitals and is a matter of judgment for each individual hospital. It can be stated from observation and information from most hospitals, that the answer is preferably 'yes' and is done in the majority of hospitals.

Name Director of Ohio Cancer Division

Dr. Arthur G. James, president, American Cancer Society, Ohio Division, Inc., announced that J. P. Kalina, of Cleveland, has been appointed managing director of the Ohio Division to succeed the late L. E. Herget. Mr. Kalina was assistant managing director and director of field activities for the Ohio Division for the past 12 years.

Doctor's Right To Collect For Services Limited By Time

The following interesting article appeared in a recent issue of the *Cleveland Academy of Medicine Bulletin.* It was written by Mr. Baruch A. Feldman, L. L., B., member of the law firm of Feldman & Feldman:

The physician's right to recover compensation for services rendered does not live indefinitely. After a specified number of years, the right to recovery is barred by various statutes of limitations. In non-legal language, the claim is said to have become outlawed.

Where services are rendered without a written contract and where no promissory note is received by the physician, the claim of the physician is barred six years after the services are rendered or six years after the last payment on account has been made.

In instances where services are rendered by virtue of a written agreement and in instances where the patient has delivered a promissory note to the physician, the physician's claim will not be barred until fifteen years after the date of the contract or of the promissory note.

It is sometimes difficult to determine when the six-year period, which will bar the claim, commences to run. Generally, where charges are made for the treatment of one condition, such as pneumonia, the six-year period commences to run on the date that the last item of service was rendered. Where several items of service are rendered for different conditions or for different members of a family, the statute of limitations commences to run for each item of service on the date that such item of service was rendered.

When his claim has become barred by the statute of limitations, the physician can no longer recover a judgment for his services. This is true even if the patient admits that the services were rendered, admits that the services were satisfactory, and admits that the charge was reasonable. All that the patient need to do to defeat the physician's claim to plead the statute of limitations. The court, thereupon, must dismiss the physician's case.

The physician need not permit his claim to become outlawed. He may keep it alive by suing his debtor before the statutory has run and by securing a judgment against him. This judgment may be kept alive indefinitely.

The periods of the various statutes of limitations are not criteria of the times when accounts should be submitted for collection. These statutes merely fix deadlines after which claims become unenforceable. The exact time at which an account should be submitted for collection depends on the particular circumstances of the case. The size of the claim, the relationship between the physician and the patient, the relationship between the physician and the patient's family, the physical and the financial conditions of the patient are elements to be weighed.

Rural Health Committee . . .

Arrangements Are Being Completed for Altered Lecture Program for Medical Students in Addition to Expanded Preceptorships in 1958

THE Committee on Rural Health is completing arrangements for its 1958 preceptorship program in June, anticipating an expanded scope after the outstanding success of the 1957 program, first of its kind in Ohio.

Again in 1958, students at the University of Cincinnati School of Medicine who have completed their junior year will spend two weeks with general practice preceptors in small communities and rural areas. Purpose of the program, according to Dr. E. K. Yantes, Wilmington, is "to teach the students medicine as a way of life." Dr. Yantes is chairman of the Rural Health Committee.

REPORTS ENTHUSIASTIC

The 1957 program drew enthusiastic reports from the students, their preceptors and several Ohio newspapers. Also, the Council commended the committee for this and other activities at its September meeting, and unanimously approved an expanded 1958 preceptorship program.

While the scope last June was purposely limited because of the fact that it was the first year for this activity, the number of preceptorships requested by the students far exceeded the number provided. The committee plans to offer more than double the number next June.

ANNUAL LECTURES

The committee also is completing arrangements for its annual talks to medical students at Cincinnati, the Ohio State University College of Medicine and Western Reserve University's School of Medicine.

A format different from the usual series of six weekly meetings will be tested at Ohio State and Cincinnati in February. At those two schools, a one-day program consisting of an afternoon of panels and speakers with the regular dinner in the evening is scheduled. It is believed the students will find this type of meeting more valuable than the weekly meeting since the latter comes at 5 p. m. on a weekday, a time when medical students are ready for dinner and a "break" rather than another hour of lecture.

MORE PRACTICAL PLAN

Also, particularly at Cincinnati, many medical students have full or part-time jobs that interfere with their attendance at extra-curricular weekday meetings.

The one-day meeting at Cincinnati is scheduled for 1:30 p. m. Sunday, February 9, at the Netherland Hilton Hotel. The Ohio State meeting is scheduled for 1:30 p. m. Saturday, February 15, at the Ohio Union.

At Western Reserve, weekly lectures are scheduled for 5:15 p. m. Wednesdays, March 5, 12, 19, 26 and April 2 and 9, the last meeting being the dinner session.

PRESIDENT TO SPEAK

Speakers for the dinner meetings at all three schools will be President Robert S. Martin, Dr. Yantes and Mrs. V. R. Frederick, Urbana, Auxiliary president.

Still another change in the lecture programs is being made at Cincinnati. Previously, the lectures were for seniors at Cincinnati and Ohio State, and Juniors at Western Reserve. The Cincinnati faculty pointed out that the lectures probably would have more impact on Cincinnati juniors. As a result, juniors and seniors are being invited to the forthcoming lectures there, and the 1959 lectures will be directed to the juniors.

Academy of General Practice To Meet in Dallas, Texas

The American Academy of General Practice Tenth Annual Scientific Assembly will open March 24 in the new Dallas Memorial Auditorium. More than 90 scientific and 300 technical exhibits will supplement the scientific lecture program.

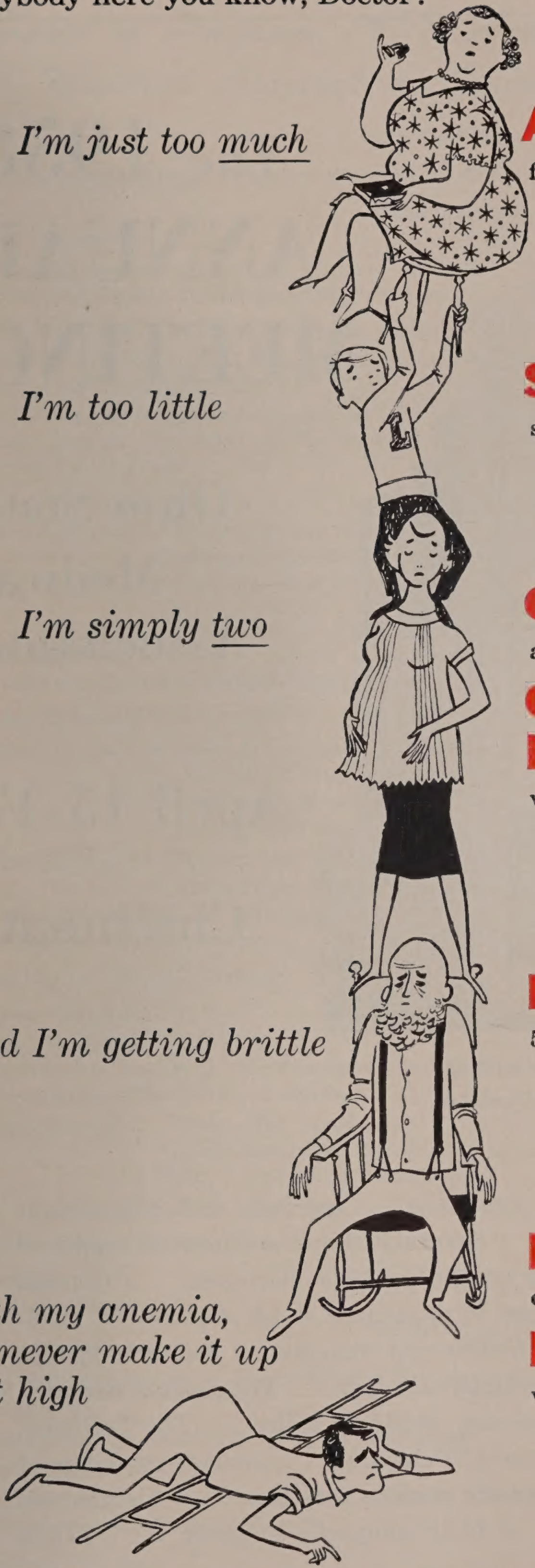
Special activities are planned for the Academy's tenth anniversary Assembly. Tuesday, March 25, will be Dallas Southern Clinical Society Day. The DSCS meeting, held each March in Dallas, has this year been combined with the AAGP Assembly.

The Academy's Congress of Delegates will convene on Saturday, March 22. All sessions of the Congress and many social functions will be held in the Statler Hilton hotel.

Pavick Named Labor Representative On Industrial Commission

Governor C. William O'Neill has appointed Michael J. Pavick as Labor representative on the State Industrial Commission succeeding Will T. Blake, Labor member, who resigned by reason of poor health. Mr. Pavick is an Akron attorney and former Assistant Attorney General during the tenure of Governor O'Neill in that office. He is 34 years of age and a graduate of Ohio State University College of Law. This appointment is for the unexpired term of Mr. Blake, ending on June 30, 1959.

See anybody here you know, Doctor?



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The **1958**

ANNUAL MEETING

Ohio State Medical Association

April 15-17

Cincinnati

THE NETHERLAND HILTON HOTEL
Headquarters and Scene of Most Features

Here are features of interest to physicians . . . specialty section programs in which 14 Sections participate . . . Several of these are joint or combined programs to give various slants on the subjects discussed . . . General Sessions at which topics of interest to physicians in all branches of medicine will be presented . . . The Scientific and Educational Exhibits, always interest-drawing features of the annual meetings . . . The Annual Banquet, social highlight for all Ohio physicians and their ladies . . . The Technical Exhibits . . . meetings of the House of Delegates . . . separate meetings of the Woman's Auxiliary . . . Specialty Society meetings . . . Alumni and other organization functions . . . A truly composite program for all Ohio physicians.

Synopsis of Program, 1958 Annual Meeting, Ohio State Medical Association, Cincinnati, April 15-17

MONDAY, APRIL 14

First meeting of the House of Delegates following dinner for those attending in official capacity.

TUESDAY, APRIL 15

Morning Features:

Registration opens 8:30 a. m.
Scientific and Technical Exhibits open 9:00 a. m.

Section Meetings: 9:30 to 11:00 a. m. and 11:30 to 12:30:

Joint Session, Sections on Anesthesiology and Otorhinolaryngology.
Section on Industrial Medicine.
Section on Obstetrics and Gynecology.
Joint Session, Sections on Pediatrics and Radiology.
Section on Urology.

Afternoon Features:

General Session—"The Doctor and His Taxes."
Symposium on Fractures.
Exhibits open continuously until 5:30 p. m.

WEDNESDAY, APRIL 16

Morning Features:

Scientific and Technical Exhibits open 9:00 a. m.

Section Meetings, 9:30 to 11:00 a. m. and 11:30 to 12:30:

Combined Session: Section on General Practice
Section on Internal Medicine
Section on Radiology
Section on Surgery

Joint Session: Section on Nervous and Mental Diseases
Section on Physical Medicine

Section on Neurological Surgery
Section on Ophthalmology

Workshop on Medical Writing

Afternoon Features:

General Session—
Address by Dr. F. J. L. Blasingame, new General Manager of the AMA.
Presentation "The Doctor Defendant."

General Session— "Unfruitful Pregnancy"
"Ophthalmoscopic Findings in Relation to General Medicine."
(Third topic to be announced)

Meeting of the Ohio Psychiatric Association

Exhibits open continuously until 5:30 p. m.

Evening:

The Annual Banquet.

THURSDAY, APRIL 17

Morning Features:

Final Business Session of the House of Delegates following breakfast for those attending in official capacity.

Scientific and Technical Exhibits open 9:00 a. m.

General Session:

Symposium on "The Treatment of Common Dermatological Problems."
Symposium on "What's New?"

Afternoon Features:

General Session—Panel Discussion on "The Acute Abdomen."

Exhibits open continuously until 3:30 p. m.

APPLICATION

For Space in the Scientific and Educational Exhibit

1958 Annual Meeting • Ohio State Medical Association

NETHERLAND HILTON HOTEL, CINCINNATI, APRIL 15, 16, 17

Fill Out and Mail to:

Committee on Scientific and Educational Exhibits,
Ohio State Medical Association,
79 East State Street,
Columbus 15, Ohio

DEADLINE FOR APPLICATIONS . . FEBRUARY 15, 1958

1. Title of Exhibit: ____________________
2. Name(s) of Exhibitor(s): ____________________

   ____

   Institution (if desired): ____________________

   City ____________________
3. Description of Exhibit: ____________________
   (Attach 200 Word Description to this Blank)
4. Exhibit will consist of the following: **(Check Which)**

   Charts and Posters______ Photographs______ Drawings______ X-Rays______

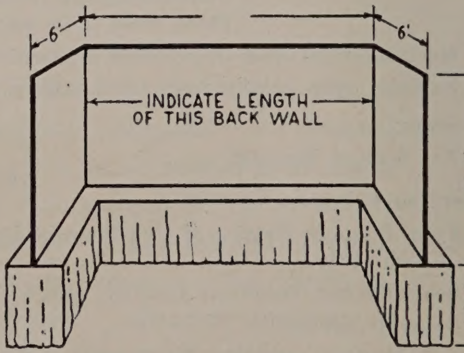
   Specimens______ Moulages______ Other Material ____________________
5. Booth Requirements:

   Length of back wall desired ____________________

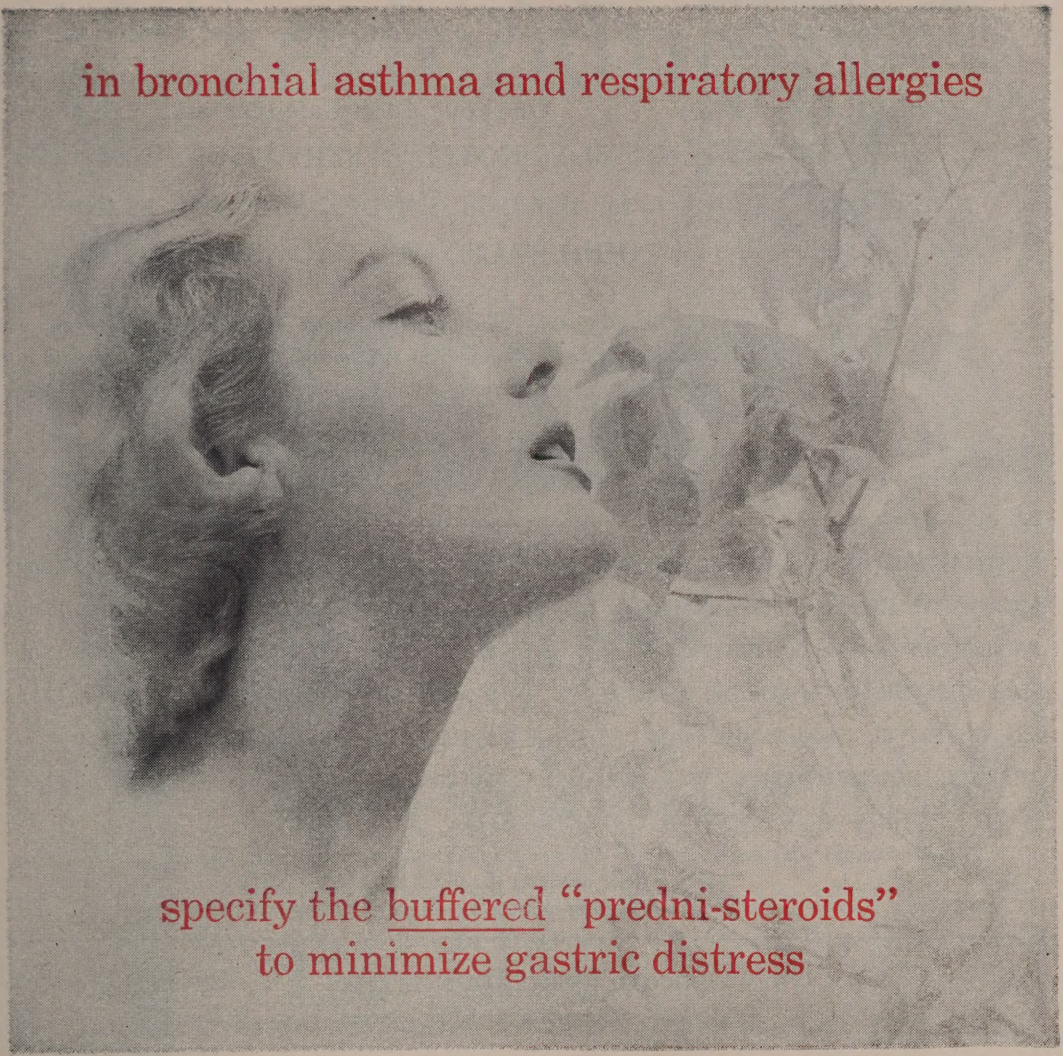
   Minimum requirement ____________________

   Shelf desired (yes or no) ____________________

Booths will have a back wall and two side walls. The side walls of all booths will be six feet wide. Back wall and side walls are eight feet high. If standard shelf is used, only 5½ ft. will be available for exhibit material. For most exhibits, a back wall, eight feet long will be sufficient. With the two 6 ft. long side walls, this gives a total of 110 square feet of wall space.



6. Do you want Association to provide view box______ or will you provide your own?______
   OSMA will provide standard units; large size, 60 inches by 56 inches (inside measurements, 57 by 54); small size, 24 inches by 56 inches (inside measurements, 21 by 54). It is suggested that transparencies used should be no larger than 10 by 12 inches. All films should be in suitable mounts.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to minimize gastric distress

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Make HOTEL RESERVATIONS Now
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OHIO STATE MEDICAL ASSOCIATION

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NAME OF HOTEL	SINGLE	DOUBLE	DOUBLE TWIN BEDS
NETHERLAND HILTON HOTEL, Fifth & Race Sts.	$ 7.00-11.50	$12.50-15.50	$13.00-21.00
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TERRACE HILTON HOTEL, 15 West 6th St.	$12.00-18.00		$16.00-22.00

Persons who desire suites or other additional accommodations are advised to specify their needs to the hotel of choice.
(All rates subject to change)

HOTEL RESERVATION BLANK
Mail the coupon to hotel selected

Manager...Hotel, Cincinnati, Ohio
(Name of Hotel)

You are requested to reserve the following accommodations during the period of the Annual Meeting of the Ohio State Medical Association, April 15, 16, 17, 1958, or for such other period as may be indicated herein.

☐ Single Room with Bath ☐ Double Room with Bath Price.......................................

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Arriving April................................ at.................... A.M.......................... P.M.

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an orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials

1 Gm. of 'DIURIL' orally is approximately equivalent to 1 cc. of mercurial I.M.[1]

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initiation of diuresis — prolonged maintenance[2] of diuresis

balanced excretion of sodium and chloride

Even in the presence of severe renal, cardiac or hepatic damage—

Any indication for diuresis is an indication for 'DIURIL':

1. Congestive heart failure of all degrees of severity
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5. Cirrhosis with ascites
6. Drug-induced edema

May be of value to relieve fluid retention complicating obesity

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enhances markedly the effects of the antihypertensive agents

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smoothes out blood pressure fluctuations[1,2]

'Diuril', added to the regimen is often effective in controlling the blood pressure of even highly resistant cases of hypertension

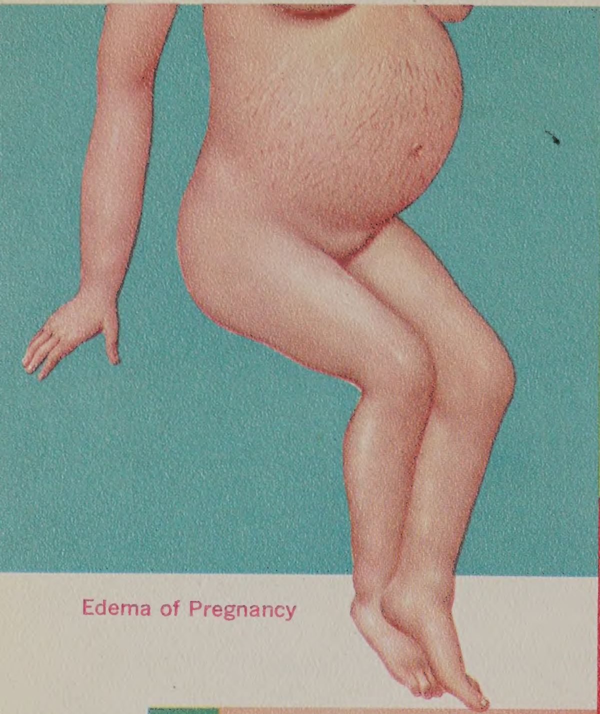
For smooth, sustained antihypertensive effect, the majority of hypertensive patients can be controlled better when 'Diuril' is combined with significantly reduced amounts of antihypertensive agents

Recommended dosage range: in hypertension—one 250 mg. tablet 'Diuril' b.i.d. to one 500 mg. tablet 'Diuril' t.i.d.

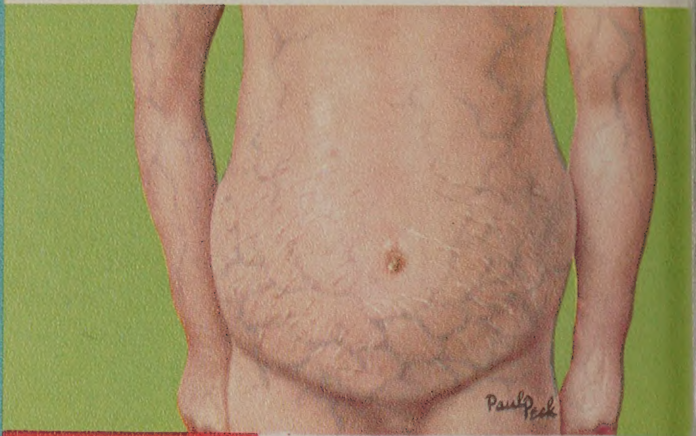
Supplied: 250 mg. and 500 mg. scored tablets 'Diuril' (chlorothiazide), bottles of 100 and 1000.

References

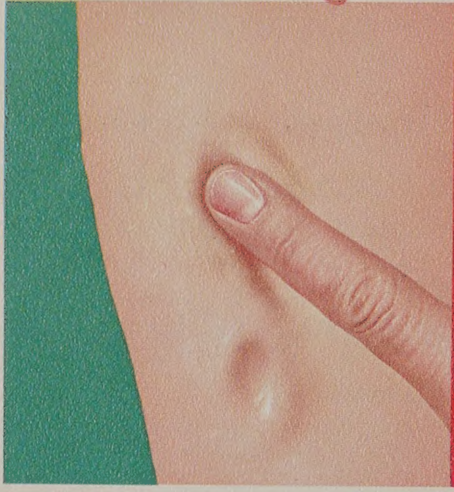
1. Hollander, William, and Wilkins, Robert W.: Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension, Boston Medical Quarterly *8*:69 (Sept.) 1957.
2. Freis, Edward D., and Wilson, Ilse M.: Potentiating Effect of Chlorothiazide (DIURIL) in Combination with Antihypertensive Agents, a Preliminary Report; Med. Annals of the District of Columbia *26*:468 (Sept.) 1957.



Edema of Pregnancy



Cirrhosis



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REFERENCES:

1. Moyer, J.H., Ford, R.V., and Spurr, C.L.: Pharmacodynamics of Chlorothiazide (Diuril), An Orally Effective Non-Mercurial Diuretic Agent, Proc. Soc. Exper. Biol. and Med. *95*:529 (July) 1957.

2. Ford, Ralph V., Handley, Carroll, Moyer, John H., and Spurr, Charles L.: Chlorothiazide, An Orally Effective Non-Mercurial Diuretic Agent, Med. Rec. and Ann. *51*:376 (April) 1957.

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AMA Philadelphia Meeting . . .

Important Actions Taken by House Include Statement on Free Choice Of Physician; Endorsing of Fluoridation; Opposition to Forand Bill

FREE choice of physician, the Heller Report on organization of the American Medical Association, the Forand Bill providing hospital and surgical benefits for Social Security beneficiaries, fluoridation of public water supplies, guides for occupational health programs covering hospital employees, distribution of Asian Influenza vaccine and guides for the medical rating of physical impairment were among the many subjects considered and acted upon by the House of Delegates at the American Medical Association's Eleventh Clinical Meeting, December 3-6, in Philadelphia.

OHIO DELEGATES ACTIVE

Ohio delegates who took an active part in the meeting were: Drs. Paul A. Davis, Akron; Fred W. Dixon, Cleveland; Charles L. Hudson, Cleveland; Carl A. Lincke, Carrollton; Carll S. Mundy, Toledo; L. Howard Schriver, Cincinnati; Clifford C. Sherburne, Columbus; and George A. Woodhouse, Pleasant Hill. The following Ohioans were delegates from their sections: Dr. Charles L. Leedham, Cleveland, Military Medicine, and Dr. Walter J. Zeiter, Cleveland, Physical Medicine.

Reference committee assignments of Ohio delegates included Committee on Executive Session, Dr. Schriver; Legislative and Public Relations, Dr. Davis; Miscellaneous Business, Dr. Lincke; and Sections and Section Work, Dr. Leedham.

Also attending the session were: Dr. Robert S. Martin, Zanesville, President of the Ohio State Medical Association; Dr. Richard L. Meiling, Columbus, Past-President; and Dr. Paul F. Orr, Perrysburg, Fourth District Councilor, each an alternate delegate; Dr. H. T. Pease, Wadsworth, Eleventh District Councilor; Mr. Hart F. Page, Assistant Director of Public Relations; and Mr. Charles E. Edgar, Jr., Administrative Assistant, of the State Association.

FREE CHOICE OF PHYSICIAN

Acting on the issue of free choice in relation to contract practice, the House passed a resolution which reaffirmed approval of previous interpretations of the Principles of Medical Ethics by the Association's Judicial Council and directed that they be called to the attention of all constituent associations and component societies. One Council opinion, issued in 1927 and reaffirmed in Philadelphia, stated that the contract practice of medicine would be determined to be unethical if "a reasonable degree of free choice of physician is denied those cared for in a community where other competent physicians are readily available."

The resolution also cited a Council opinion, published in the October 19, 1957, issue of *The Journal of the AMA*, which stated that the basic ethical concepts in both the 1955 and 1957 editions of the Principles of Medical Ethics are identical in spite of changes in format and wording. This opinion added that "no opinion or report of the Council interpreting these basic principles which were in effect at the time of the revision has been rescinded by the adoption of the 1957 principles."

The 1927 Council report also pointed out that "there are many conditions under which contract practice is not only legitimate and ethical, but in fact the only way in which competent medical service can be provided." Judgement of whether or not a contract is ethical, the report said, must be based on the form and terms of the contract as well as the circumstances under which it is made.

REFER TO UMW PROGRAM

In another action related to the issue of free choice, the House adopted a resolution condemning the current attitude and method of operation of the United Mine Workers of America Welfare and Retirement Fund "as tending to lower the quality and availability of medical and hospital care to its beneficiaries."

The resolution also called for a broad educational program to inform the general public, including the beneficiaries of the Fund, concerning the benefits to be derived from preservation of the American right to freedom of choice of physicians and hospitals as well as observance of the "Guides to Relationships Between State and County Medical Societies and the UMWA Welfare and Retirement Fund" which were adopted by the House last June.

THE HELLER REPORT

Acting on the report of the Committee to Study the Heller Report on Organization of the American Medical Association, the House reached the following decisions on ten specific recommendations:

1. The office of Vice-President will be continued as an elective office.

2. The offices of Secretary and Treasurer will be combined into one office to be known as Secretary-Treasurer, and that officer will be selected by the Board of Trustees from one of its number.

3. The duties of the Secretary-Treasurer will

be separated from those of the Executive Vice-President.

4. The office of General Manager will be discontinued, and the new office of Executive Vice-President will be established. The latter, appointed by the Board of Trustees, will be the chief staff executive of the Association.

5. The Council on Medical Education and Hospitals and the Council on Medical Service will continue as standing committees of the House of Delegates, but their administrative direction will be vested in the Executive Vice-President.

6. The voting members of the Board of Trustees will be limited to eleven—the nine elected Trustees, the President and the President-Elect. The Vice-President and the Speaker of the House of Delegates will attend all Board meetings, including executive sessions, with the right of discussion but without the right to vote.

7. The House disapproved of the proposal to elect the Trustees from each of nine physician-population regions.

8. The office of Assistant Secretary will be discontinued, and a new office of Assistant Executive Vice-President will be established.

9. The Committee on Federal Medical Services will be retained as a committee of the Council on Medical Service and will not become a part of the Council on National Defense.

10. The Speaker of the House will appoint a joint and continuing committee of six members, three from the Board of Trustees and three from the House, to redefine the central concept of AMA objectives and basic programs, consider the placing of greater emphasis on scientific activities, take the lead in creating more cohesion among national medical societies and study socio-economic problems.

The accepted recommendations were referred to the Council on Constitution and Bylaws with a request to draft appropriate amendments for consideration by the House at the 1958 annual meeting in San Francisco.

THE FORAND BILL

Speaking at the opening session, Dr. David B. Allman of Atlantic City, AMA President, called for "more freedom, not less, in America and in the medical profession." Dr. Allman urged the delegates to embark on local action campaigns to enlist full community support in opposition to the Forand Bill, a pending Congressional proposal which would provide hospital and surgical benefits for persons who are receiving or are eligible for Social Security retirement and survivorship payments. The Forand Bill, he said, is "cut from the same cloth" as national compulsory health insurance and "emanates from the same minds."

The House condemned the Forand Bill as undesirable legislation, approved the firm position taken in opposition to it and expressed satisfaction that the Board of Trustees has appointed a special task force which is taking action to defeat the bill. In a related action, giving strong approval to Dr. Allman's address at the opening session, the House adopted a statement which said:

"It is particularly timely that our President has so forcefully sounded the clarion call to the entire profession for emergency action. With complete unity, definition and singleness of purpose, closing of ranks with all age groups and elements of our organization we must at this time stand and be counted. Thus we can exert the physician's influence in every possible direction against invasion of our basic American liberties in the form of proposed legislation alleged to compulsorily insure one segment of the population against health hazards at the expense of all."

FLUORIDATION OF WATER

The House of Delegates approved a joint report of the Council on Drugs and the Council on Foods and Nutrition which endorsed the fluoridation of public water supplies as a safe and practical method of reducing the incidence of dental caries during childhood. The 27-page report on the study which was directed by the House at the Seattle Clinical Meeting one year ago contained these conclusions:

"1. Fluoridation of public water supplies so as to provide the approximate equivalent of 1 ppm of fluorine in drinking water has been established as a method for reducing dental caries in children up to 10 years of age. In localities with warm climates, or where for other reasons the ingestion of water or other sources of considerable fluorine content is high, a lower concentration of fluoride is advisable. On the basis of the available evidence, it appears that this method decreases the incidence of caries during childhood. The evidence from Colorado Springs indicates as well a reduction in the rate of dental caries up to at least 44 years of age.

"2. No evidence has been found since the 1951 statement by the Councils to prove that continuous ingestion of water containing the equivalent of approximately 1 ppm of fluorine for long periods by large segments of the population is harmful to the general health. Mottling of the tooth enamel (dental fluorosis) associated with this level of fluoridation is minimal. The importance of this mottling is outweighed by the caries-inhibiting effect of the fluoride.

"3. Fluoridation of public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable where the water supply contains less than the equivalent of 1 ppm of fluorine."

INFLUENZA VACCINE

The House considered three resolutions dealing with the Asian influenza immunization program and then adopted a substitute resolution calling attention to "certain inadequacies and confusions in the distribution of vaccines" and directing the Board of Trustees to seek conferences through existing committees "with a view to establishing a code of practices regulating the future distribution of important therapeutic products, so that the best interest of all the people may be served." The resolution pointed out that the American Medical Association already has a joint committee with the American Pharmaceutical Association and the National Association of Retail Druggists, in addition to a liaison committee with the Drug Manufacturers Association.

MEDICAL RATING OF PHYSICAL IMPAIRMENT

The House accepted a 115-page "Guide to the Evaluation of Permanent Impairment of the Extremities and Back" which was developed by the Committee on Medical Rating of Physical Impairment as the first in a projected series of guides. The guides are expected to be of particular help to physicians in determining impairment under the new disability benefits program of the Social Security Act.

HEALTH PROGRAMS FOR HOSPITAL EMPLOYEES

A set of "Guiding Principles for an Occupational Health Program in a Hospital Employee Group" was approved by the House. The guides were developed by a joint committee of the American Medical Association and the American Hospital Association and already had been formally approved by the A. H. A. They include these statements:

"Employees in hospitals are entitled to the same benefits in health maintenance and protection as are industrial employees. Therefore, programs of health services in hospitals should use the techniques of preventive medicine which have been found by experience in industry to approach constructively the health requirements of employees.

"It is essential that employee health programs in hospitals, as in industry, be established as separate functions with independent facilities and personnel. The fact that hospitals are engaged in the care of the sick as their primary function does not alter the necessary organizational plan for an effective occupational health program."

DR. MURRAY HONORED

Rear Admiral B. W. Hogan, Surgeon General of the U. S. Navy, presented the Navy Meritorious Public Service Citation to Dr. Dwight H. Murray of Napa, Calif., immediate past-president of the Association.

AMEF CONTRIBUTIONS

Contributions to the American Medical Education Foundation, for financial aid to the nation's medical schools, were presented by four state medical societies: California, $143,043.25; Utah, $10,390; New Jersey, $10,000, and Arizona, $8,040. The Interstate Post Graduate Medical Association of North America gave $1,000, and the Illinois State Medical Society announced that it was adding $10,000 to the $170,450 presented at the New York meeting last June.

NATIONAL GP OF THE YEAR

Dr. Cecil W. Clark of Cameron, Louisiana, was named 1957 General Practitioner of the Year after his selection by a special committee of the Board of Trustees for outstanding community service. Dr. Clark, 33-year-old country doctor who was a medical hero during Hurricane Audrey last June, was present at the meeting to receive the gold medal which goes with the annual award.

MISCELLANEOUS ACTIONS

Among a wide variety of other actions, the House also:

Directed that a new committee be established in the Council on Industrial Health to study **neurological disorders in industry**;

Noted with approval the establishment of the American Medical Research Foundation, which will initiate and encourage necessary **medical research** and correlate and disseminate the results of studies already under way;

Decided that informational materials which are sent to AMA delegates should also be sent to all **alternate delegates**;

Affirmed that it is within the limits of ethical propriety for physicians to join together as partnerships, associations or other **lawful groups** provided that the ownership and management of the affairs thereof remain in the hands of licensed physicians;

Instructed that the appropriate committee or council should engage in conferences with **third parties** to develop general principles and policies which may be applied to the relationship between third parties and members of the medical professsion;

Urged state medical society committees on aging and insurance to make continuing studies of **pre-retirement financing of health insurance** for retired persons;

Asked the Board of Trustees to study the feasibility of having the Association finance a thorough investigation of the **Social Security** system by a qualified private agency;

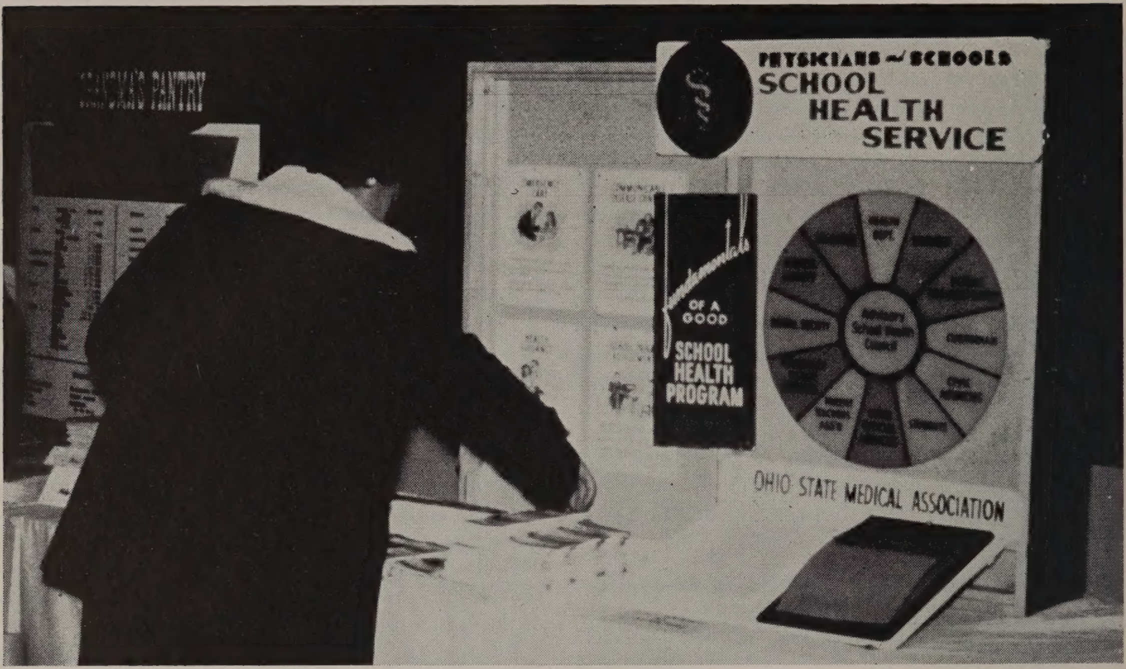
Suggested that physicians and their friends make a vigorous effort to obtain Congressional enactment of the **Jenkins-Keogh Bills**:

Approved "Suggested Guides to Relationships Between Medical Societies and **Voluntary Health Agencies**";

Strongly recommended that a completely adequate and competent medical department be established in the **Civil Aeronautics Administration** directly responsible to the CAA Administrator, and

Congratulated the General Electric Company for its medical television presentations on the subject of **quackery**.

Parent-Teacher Group Views OSMA Exhibit



This school health exhibit, along with appropriate literature, was displayed by the OSMA Committee on School Health at the annual meeting of the Ohio Congress of Parents and Teachers in Cleveland October 28 to 30. The exhibit was on loan from the American Medical Association.

Policy of Periodic Health Appraisal Gains Interest at Ohio Congress Of Parent-Teachers

Considerable interest in the new Parent-Teachers Association policy of periodic health appraisal for children from birth through high school was displayed by members of the Ohio Congress of Parents and Teachers who visited the Ohio State Medical Association's exhibit at the Congress' annual meeting in Cleveland October 28 to 30.

The periodic health appraisal calls for regular examinations of children, preferably in the office of the family physician and dentist.

The exhibit and appropriate accompanying literature were made available for the meeting through the efforts and interest of the OSMA Committee on School Health. State PTA members indicated extensive interest not only in the new school policy but in health records and other literature distributed from the exhibit.

This distribution included "Pre-School Health," (reprinted from *OSMJ*, January, 1957, page 90); "School Health Is a Community Undertaking," (reprinted from an article by Dr. Thomas E. Shaffer in the May, 1957 issue of *OSMJ*, page 541); the AMA Family Health Record and Personal Health Information Card, the OSMA School Health Guides and ABC's of a School Health Program, and the AMA's "What Everyone Should Know about Doctors."

One of the accomplishments of having the exhibit at the meeting was the opportunity to reiterate to the parents and teachers OSMA members' support of the periodic health appraisal in substitute of the old "one shot" pre-school roundup.

Arrangements to point up the program and OSMA school health activities during the meeting were made as the result of a letter from Dr. Henry F. Helmholz, Chicago, national chairman of the National Congress of Parents and Teachers Committee on Health, to Dr. Thomas E. Shaffer, Columbus, chairman of the OSMA Committee on School Health.

Dr. Helmholz urged cooperation between medical and PTA organizations in promoting the new health policy. Dr. Shaffer immediately wrote Mrs. Gladys Davis, Medina, then the Ohio Congress president, offering the cooperation of his committee. This resulted in an invitation to participate in the Cleveland meeting. Cooperating with OSMA in exhibit arrangements were Mrs. D. S. Webster, Ashland, Ohio Congress health services chairman, and Mrs. John Cox, Seville, State PTA summer roundup chairman.

Manning the OSMA exhibit were Hart F. Page, secretary of the Committee on School Health, and Charles W. Edgar, administrative assistant, OSMA.

Forand Bill Opposed . . .

Council of OSMA Issues Special Statement Pointing Out Why Proposed Federal Medical and Hospital Plan Is Not in the Public's Interest

AT a meeting of The Council of the Ohio State Medical Association, December 15, 1957, in Columbus, The Council considered the provisions of HR 9467, introduced August 27, 1956, in the United States House of Representatives, by Rep. Aime Forand of Rhode Island, and subsequently referred to the House Ways and Means Committee. The bill would increase Social Security deductions to provide free hospital, nursing and surgical care for all persons eligible for retirement under OASI, regardless of their need or whether or not they had retired.

NOT IN PUBLIC INTEREST

It was the unanimous opinion of The Council that the passage of this bill would NOT be in the best interest of the public for the following reasons:

1. This proposal is another attempt to substitute government responsibility for individual responsibility.
2. The harassed American taxpayer is looking for tax reductions, not tax increases; pay increases, not more payroll deductions.
3. The proposed system of compulsory health insurance would be another step in the socialization of medicine, and could lead to the complete governmental control of the practice of medicine by extension of its provisions to all age groups.
4. The Forand Bill does not guarantee free choice of physician and hospital. It stipulates that beneficiaries would be restricted in their treatment to those individuals or institutions willing to enter into contracts with the government under its terms and conditions.
5. It would be unwise to provide additional benefits of unpredictable cost to the present over-taxed Social Security system.
6. The establishment of a system of governmental social security hospital and surgical benefits would jeopardize the future of voluntary insurance programs which have made such progress in recent years.

ACTION URGED

Believing that the Federal government already has gone too far in controlling the lives of its citizens through a paternalistic approach to the solution of problems which can be resolved through individual initiative, The Council strongly urges militant public opposition to this latest attempt to foist socialism on the American people through the passage of the Forand Bill.

Legislative chairmen of all county medical societies in Ohio have been advised of this action by The Council and urged to request their respective members of Congress to oppose the Forand bill should it come to a vote, and to ask all physicians in their counties to take similar action.

PROVISIONS OF PROPOSAL

The Forand bill would provide a maximum of 60 days of hospitalization in any year in semi-private accommodations, and for nursing home care for an additional 60 days, for a combined total of 120 days in any twelve-month period. Financed also would be the cost of any necessary surgery. The recipient could choose his own surgeon provided that he is certified by the American Board of Surgery or is a member of the American College of Surgeons. Necessary minor surgery, or surgery in case of emergency, would be permitted in a doctor's office; and in case of an emergency the doctor would not have to be a member of the Board of Surgery or the College of Surgeons. Physicians would be paid for their services in such amounts as prescribed by the Secretary of Health, Education and Welfare.

Hospital care could be received only in those hospitals which had entered into an agreement with the government. Eligible nursing homes would be only those homes where skilled nursing care could be obtained and which were operated in connection with a hospital, or in which services are under the direction of licensed physicians.

The persons eligible to receive this hospital and surgical care under the Forand bill would be all persons eligible to receive Old Age and Survivors benefits, including those persons who are retired and those persons who would be eligible to receive payments if they chose to retire. Survivors and dependents would also be eligible for this care. It is estimated that at present there are approximately 12 to 13 million persons in these categories.

Although it is difficult to ascertain the total cost of this proposed amendment to the Social Security Act, it has been estimated that it may run as high as $2,000,000,000 annually. In order to provide the additional funds, the Forand bill provides for an additional ½ per cent payroll tax on both employees and their employers. Self-employed persons would pay an additional ¾ of 1 per cent tax. The bill would also raise the amount on which the Social Security tax is computed from $4,200 to $6,000. Thus by 1975 employees and employers would be paying a payroll tax of 4¾ per cent each, for a total of 9½ per cent of an employee's wages. By that time self-employed persons would be paying 7⅛ per cent on the first $6,000 of their earnings. This would equal $427.50 annually.

STATEMENT OF THE COUNCIL OF THE OHIO STATE MEDICAL ASSOCIATION

Regarding the Determination of the Ethical Status of Physicians Participating in Third-Party Medical Care Plans

AN important statement of policy regarding the ethical status of members of the Ohio State Medical Association participating in third-party medical care plans was adopted by The Council of the Association at a meeting in Columbus on December 15, 1957.

The statement is intended as a guide to individual members of the Association and to the component county medical societies.

Copies of the statement have been sent to the president and secretary of each component county medical society of the Association and to members of each component county medical society in the Seventh Council District inasmuch as members and societies in that area of the state had presented the question to The Council for consideration and action.

The statement in its entirety reads as follows:

* * *

The Council of the Ohio State Medical Association has been requested to express an opinion with respect to the ethical status of physicians participating in a medical care plan the administrative and financial control of which is lodged in a third party. This question of ethical conduct grows out of recent changes in the administrative policy of the United Mine Workers of America Welfare and Retirement Fund, which have the effect of limiting the number of physicians and hospitals in a community that may participate in the Fund's third-party medical care program.

This Statement of The Council of the Ohio State Medical Association has been prepared after a careful study of reports, data, and recommendations furnished to The Council by a special committee of Councilors appointed by President Martin for this particular purpose.

At the very outset it should be pointed out that, in the opinion of The Council, a proper consideration of the ethical aspects of the participation by a physician in a medical care plan controlled by a third party requires a clear understanding of the announced policy of the medical profession with respect generally to contract practice, and particularly to third-party control of medical care plans. We shall therefore first examine and review the pronouncements of the AMA and of this Association on this subject.

CONTRACT PRACTICE AND THIRD-PARTY CONTROL OF MEDICAL CARE PLANS

The 1957 Principles of Medical Ethics contain no definition of "contract practice" and make no express reference to such term. However, the Judicial Council of the AMA has expressed the opinion that Section 6 of the 1957 Principles embraces the spirit and intent of Chapter VII, Section 3 of the 1955 edition of the Principles of Medical Ethics relating to contract practice. It is, therefore, pertinent to examine the provisions of Chapter VII, Sections 3 of the 1955 Principles; Section 3 reads as follows:

> "Contract practice as applied to medicine means the practice of medicine under an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, whereby partial or full medical services are provided for a group or class of individuals on the basis of a fee schedule, or for a salary or for a fixed rate per capita.
>
> "Contract practice per se is not unethical. Contract practice is unethical if it permits of features or conditions that are declared unethical in these Principles of Medical Ethics or if the contract or any of its provisions causes deterioration of the quality of the medical services rendered."

Moreover, the Judicial Council of the AMA has declared:

> "All medical practice is contract practice either implied or expressed between the physician and the patient if the patient be of legal age, or between the physician and the parent or guardian of a minor. There is no reason in law or morals why a physician should not enter into a contract with an individual, firm or corporation, provided that the contract be an honorable one for the performance of any

> honorable act and not interfering with the rights of others."

In an opinion pertaining to contract practice the Judicial Council of the AMA in 1927 declared:

> " * * contract practice per se is not an ethical question, ethics being concerned with the form of the contract and the conditions under which it is made. That there are many conditions under which contract practice is not only legal and ethical but in fact the only way in which competent medical service can be provided becomes evident on analysis. * * * It is perfectly evident, therefore, if we are to judge **whether a contract is ethical or not, that we must know the form and terms of the contract as well as the particular circumstances under which it is made.** As there is such a great variety of contracts, as their form and the circumstances under which they are made differ so widely, it seems impossible, or at least inadvisable, to attempt to define what constitutes an ethical contract. **Each case must be judged on its own merits after all the facts pertaining thereto are known.** There are certain points, however, that may be formulated which, when present, definitely determine a contract to be unfair or unethical. These may be stated as follows:
>
> **"1. When the compensation received is inadequate based on the usual fees paid for the same kind of service and class of people in the same community.**
>
> **"2. When the compensation is so low as to make it impossible for competent service to be rendered.**
>
> **"3. When there is underbidding by physicians in order to secure the contract.**
>
> **"4. When a reasonable degree of free choice of physicians is denied those cared for in a community where other competent physicians are readily available.**
>
> **"5. When there is solicitation of patients directly or indirectly."**

Chapter VII, Section 5 of the 1955 edition of the Principles of Medical Ethics (the spirit and intent of which are embraced within Section 6 of the 1957 edition, according to the opinion of the Judicial Council of the AMA) also proscribe certain contract practices; Section 5 reads as follows:

> "A physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the services of the physician for the financial profit of the agency concerned. Such a procedure is beneath the dignity of professional practice and is harmful alike to the profession of medicine and the welfare of the people."

At the regular annual session of the AMA House of Delegates in Cleveland in 1934, that body adopted a statement of policy containing ten basic principles to guide the profession in dealing with "social experiments." Certain principles of this ten-point statement are definitely applicable at this time to the relationship between the profession and third-party medical care plans, for example:

> "All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.
>
> "No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.
>
> "Patients must have absolute freedom to choose a legally qualified doctor of medicine who will serve them from among all those qualified to practice and who are willing to give service.
>
> "Any form of medical service should include within its scope all legally qualified doctors of medicine of the locality covered by its operation who wish to give service under the conditions established."

Editoralizing on the ten-point statement, the House of Delegates Reference Committee which had recommended approval of the statement, said:

> "All these principles are directed toward protecting the character of the service to be given and all are directly designed to guard against abuses which experience shows are bound to arise when these principles are neglected. . . . That type of medical practice which preserves the personal relationships between physician and patient, that maintains the practice of medicine as a profession, and that has withstood the test of centuries must be preserved for the best interests of both the public and the medical profession."

An even more specific application of the traditional, basic tenets of the medical profession was made by the House of Delegates of the AMA in June of 1957 when it adopted "Suggested Guides to Relationships Between State and County Medical Societies and the United Mine Workers of America Welfare and Retirement Fund." While these guides refer to one particular third-party medical care program they are equally applicable to other third-party medical care programs. Under the heading "General Guides" the following fundamental concepts are listed:

> "1. All persons, including the beneficiaries of a third party medical program such as the UMWA Fund should have available to them good medical care and should be free to select

> their own physicians from among those willing and able to render such service.
>
> "2. Free choice of physician and hospital by the patient should be preserved:
>
> "a. Every physician duly licensed by the state to practice medicine and surgery should be assumed at the outset to be competent in the field in which he claims to be, unless considered otherwise by his peers.
>
> "b. A physician should accept only such terms or conditions for dispensing his services as will insure his free and complete exercise of independent medical judgment and skill, insure the quality of medical care, and avoid the exploitation of his services for financial profit.
>
> "c. The medical profession does not concede to a third party such as UMWA Welfare and Retirement Fund in a medical care program the prerogative of passing judgment on the treatment rendered by physicians, including the necessity of hospitalization, length of stay, and the like.
>
> "3. A fee-for-service method of payment for physicians should be maintained except under unusual circumstances. These unusual circumstances shall be determined to exist only after a conference of the liaison committee and representatives of the Fund.
>
> "4. The qualifications of physicians to be on the hospital staff and membership on the hospital staffs is to be determined solely by local hospital staffs and local governing boards of hospitals."

In 1930 when the subject of third-party medical care plans began to emerge as one of major importance to the medical profession, the Ohio State Medical Association expressed its views on fundamental and basic principles which must be observed by individual physicians if the medical profession as a whole is to retain professional freedom and be able to continue providing the public with high-quality medical service. At that time the House of Delegates of this Association declared:

> "Any plan, system or activity which tends to destroy or lessen scientific research, individual initiative and ambition, adequate remuneration for effort and ability, scientific independence, reasonable competition, personal responsibility; which would lower the standards of medical education or inculcate unsound ideas in the public mind toward scientific medicine, are wrong, unwise, impractical and will inevitably be doubly costly to the public."

As recently as 1956, the House of Delegates of this Association adopted the following resolution:

> "WHEREAS, Organized medicine wishes to retain its rightful place in American medical practice and to continue a system which has given the country its preeminent position in the medical world by taking a firm stand early on matters which encroach upon the rights, privileges and obligations of its members.
>
> "THEREFORE, BE IT RESOLVED, That the House of Delegates of the Ohio State Medical Association go on record as opposing:
>
> "1. Gradually increasing restrictions on the acceptability of general practitioners for payment of fees from insurance or welfare funds.
>
> "2. The issuance of over-all directives that seemingly condemn and often handicap all physicians because of the alleged misdeeds of a few.
>
> "3. The use of economic or other types of pressure by any fund, insurance company or other agency to force patients to accept the services of any particular physician.
>
> "4. Action by any agency qualifying or disqualifying a physician by standards other than merit and competence as judged by his colleagues, or certification by specialty boards or membership in professional societies.
>
> "5. The use of economic pressure or coercion by local unions or any other agencies in attempting to secure hospital staff membership for physicians unacceptable to the hospital staff involved."

A careful reading of the policy statements quoted above leaves no doubt about the attitude of this Association and the AMA as to how third-party medical care plans should be operated in order to preserve those principles and standards of practice which are for the best interests of the medical profession and the public which it serves.

However, we must keep in mind the distinction between a mere policy declaration setting forth the views of this Association or of the AMA on the defects or deficiencies of third-party control of medical care plans and the promulgation of the Principles of Medical Ethics of the AMA. Such policy declaration does not create a new or different rule of conduct for any physician or group of physicians; it does not make unethical that which previously was ethical (or vice versa); a disregard by an individual physician, or by a group of physicians, of such policy declaration would not constitute necessarily or per se, a violation of the Principles of Medical Ethics.

On the other hand, the Principles of Medical Ethics are definite rules of conduct which have been promulgated by the AMA, and which every physician-member of the AMA, of this Association, and of any component medical society of this Association, has sworn to obey and uphold; **these Principles provide the tests by which the ethical or unethical conduct of a physician, or group of physicians, is to be determined; and a diseregard by any physician-member, or physician-members, of these Principles subjects him, or them, to disciplinary action.**

It follows, therefore, that **the question of whether or not a physician-member of this Association, or of a component medical society of this Association, is guilty of unethical conduct by rea-**

son of his participation in a third-party medical care plan can be determined only by the application of the Principles of Medical Ethics of the AMA and the interpretations thereof by the Judicial Council of the AMA. No new or different rule of conduct is necessary to this determination.

Twenty-five years ago, Dr. George Edw. Follansbee, then serving as Chairman of the Judicial Council of the AMA, observed that: "the principles of Medical Ethics are broad enough, and fundamental enough, to cover any situation that may arise warranting disciplinary measures. There is no real need for separate rules of conduct and their use only complicates, and sometimes defeats, an already difficult situation." The Council of this Association is in complete agreement with that statement of the former head of the Judicial Council.

APPLICABLE PROVISIONS OF PRINCIPLES OF MEDICAL ETHICS AND INTERPRETATIONS THEREOF

We pass now to a consideration of those sections of the current Principles of Medical Ethics which appear to be applicable to the question under discussion. These are Sections 5 and 6, and they read as follows:

> "**Section 5.** A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients."

> "**Section 6.** A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care."

In an official opinion the Judicial Council of the AMA has declared that Section 5 of the 1957 Principles of Medical Ethics embraces the spirit and intent of Chapter 1, Section 4, and Chapter II, Section 4, of the 1955 edition of the Principles, and that Section 6 of the 1957 Principles embraces the spirit and intent of Chapter VII, Sections 2, 3, 4, and 5 of the 1955 edition, and that no basic ethical principle set forth in the 1955 edition has been deleted, and that no traditional concept has been added or abrogated by the shorter 1957 version. This explanation is offered so that there will be no misunderstanding because of the fact that the discussion which follows makes reference occasionally to the more detailed sections of the 1955 edition of the Principles.

Chapter I, Section 4, of the 1955 edition reads, in part, as follows:

> "Solicitation of patients, directly or indirectly, by a physician, by groups of physicians or by institutions or organizations is unethical. This principle protects the public from the advertiser and salesman of medical care by establishing an easily discernible and generally recognized distinction between him and the ethical physician."

Chapter II, Section 4, of the 1955 edition reads, in part, as follows:

> "A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, * * *"

The following are excerpts from Opinions and Reports of the Judicial Council which are applicable in the interpretation of Section 5:

> "It might be advisable at this time, when voluntary prepayment health insurance plans are progressing and when some plans are being offered by others, not connected with the medical profession, in which the formation of medical groups is being encouraged, to discuss the ethics involved in this situation. The Council would therefore remind members of the Association that while solicitation of probable insurers or insurees is necessary to the success of medical insurance plans and is permitted, **the solicitation of patients either by individuals or by medical groups is absolutely forbidden.** (1946 Report.)"

> "The Principles proscribe the solicitation of patients directly or indirectly. The House of Delegates of the Association has expressed disfavor with the practice of permitting one's name to be listed in a commercial advertising directory because it is or may be interpreted to be the indirect solicitation of patients. In 1936, a resolution was introduced in the House of Delegates. It reads as follows: 'Whereas, certain commercial interests are publishing medical directories, listing physicians by specialty and otherwise, as available for insurance and compensation work, and other professional services, and whereas, participating by listing these lay publications merely serves for the profit of the promoters and is furthermore more technically indirect solicitation of patients, be it Resolved that the Arkansas Medical Society condemns these practices as unethical and forbids its members to continue listing their names in such directories and be it further resolved that the Arkansas Medical Society requests the House of Delegates of the American Medical Association to take similar action.' The Reference Committee to which this resolution was presented reported that it 'is of the opinion that most, if not all, of the directories described in the resolutions, condemning as unethical the listing of physicians by specialty in directories published by commercial concerns, which were introduced by Dr.

> Brooksher of Arkansas, are but subtle ways of avoiding the pronouncement of the Principles of Medical Ethics concerning solicitation of patients, under a guise of buying a directory when the real intent is the purchase of the publication of the buyer's name in the directory for the purpose of obtaining patients.' The Reference Committee report recommending approval of the resolutions was adopted by the House of Delegates.
>
> "The Judicial Council quotes this action for emphasis and calls attention to the fact that the action of the House of Delegates is binding on the members of the Association. The Council would further state that a physician who uses or permits the use of his name in a commercial directory that fails to include on like terms and without discrimination the names of all licensed physicians practicing in the area served by the directory has the burden of proving that his action is in keeping with the Principles. (JAMA, June 9, 1956.)"

Chapter VII, Sections 2 and 4, of the 1955 edition of the Principles reads as follows:

> "Section 2. A physician should not dispose of his services under conditions that make it impossible to render adequate service to his patients, except under circumstances in which the patients concerned might be deprived of immediately necessary care."
>
> "Section 4. Free choice of physician is defined as that degree of freedom in choosing a physician which can be exercised under usual conditions of employment between patients and physicians. The interjection of a third party who has a valid interest, or who intervenes between the physician and the patient does not per se cause a contract to be unethical. A third party has a valid interest when, by law or volition, the third party assumes legal responsibility and provides for the cost of medical care and indemnity for occupational disability."

(Sections 3 and 5 of Chapter VII, also applicable here, are set out on pages 2 and 3 herein.)

The following are excerpts from Opinions and Reports of the Judicial Council, which are applicable in an interpretation of Section 6 of the 1957 edition of the Principles:

> "The privilege of healing the sick as a profession is a right granted only to those properly qualified and licensed by the state. It is a privilege belonging only to the medical profession. It is a sacrifice of professional dignity that this exclusive right of medicine is so often sold for individual gain or its possessor deprived of it against his will. In increasing numbers, physicians are disposing of their professional attainments to lay organizations under terms which permit a direct profit from the fees or salaries paid for their services to accrue to the lay bodies employing them. Such a procedure is absolutely destructive of that personal responsibility and relationship which is essential to the best interests of the patient." (1932 Report)
>
> "(a) The Judicial Council calls attention to the third point of the Ten Principles adopted in Cleveland in 1934 which defines 'free choice of physician.' This The Council interprets to mean not only the patient's right to choose any physician desired but also, conversely, the physician's right to accept or reject any patient requesting his services under the plan. It also expressly requires that any qualified, licensed physician residing in the area in which the plan operates be allowed to participate. * * *" (1947 Report)

In connection with the interpretation of Section 6 of the 1957 edition of the Principles, The Council of the Ohio State Medical Association again calls attention to the opinions, declarations, and resolutions discussed on pages 1 to 8 herein, under the heading: "Contract Practice and Third-Party Control of Medical Care Plans."

INITIAL DETERMINATION OF QUESTION OF ETHICAL CONDUCT IS RESPONSIBILITY OF COMPONENT MEDICAL SOCIETY

The determination of whether a physician-member of a component medical society of this Association is guilty of unethical conduct—whether in connection with his participation in a third-party medical care plan or otherwise—is, in the opinion of this Council, the responsibility primarily of the component society. The By-Laws of each component medical society affiliated with this Association, and the By-Laws of this Association, make ample provision for disciplinary action by the component society against any of its members who may be charged with the violation of any of the provisions of the Principles of Medical Ethics, and also make ample provision for the censure, and the suspension or expulsion from the society, of any of its members who may be found guilty of any such violation. **Our opinion in this respect is concurred in by the AMA, the Judicial Council having expressed the opinion that: "The remedy for the evils associated with contract practice resides in the County Societies."**

CONCLUSIONS AND RECOMMENDATIONS

After a very careful review and consideration of the foregoing pronouncements of the American Medical Association and of this Association, The Council of the Ohio State Medical Association, for the guidance of individual members and of the component county medical societies, presents the following conclusions and recommendations with regard to the status of members of the Association participating in third-party medical care plans:

1. The Ohio State Medical Association condemns and opposes any medical care plan which requires participating physicians to violate the

Principles of Medical Ethics of the AMA in order for such physicians to comply with the rules and regulations governing such plan.

2. The voluntary participation by a physician-member of this Association, or of any component society of this Association in a third-party medical care plan under conditions and circumstances which require, or result in, practices that are proscribed by the Principles of Medical Ethics of the AMA, as interpreted by the Judicial Council of the AMA, subjects such physician-member to disciplinary action by such component medical society. More specifically, any conduct or action on the part of the physician in connection with his participation in the third-party medical care plan which involves the sale or disposal of the physician's services under terms or conditions which:

(a) Permit exploitation of his services for the financial profit of the third party;

(b) Tend to interfere with or impair the free and complete exercise of his judgment and skill;

(c) Tend to cause a deterioration of the quality of medical care in the community;

(d) Involve solicitation of patients by the physician, directly or indirectly, or involve his consent to, or acquiescence in, solicitation of patients by others for or on behalf of the physician; or

(e) Deny to the members of the community in which the physician practices a reasonable degree of free choice of a physician or physicians,

would constitute a violation of the principles of Medical Ethics and subject him to disciplinary action by such component medical society.

3. Sections 5 and 6 of the 1957 edition of the Principles of Medical Ethics of the AMA, as interpreted by the Judicial Council of the AMA, offer appropriate tests for the determination of the ethical or unethical conduct of a physician-member in connection with his participation in a third-party medical care plan.

4. The Principles of Medical Ethics of the American Medical Association are broad enough and fundamental enough to cover any situation which may arise warranting disciplinary action on the part of a component county medical society against a member participating in a third-party medical care plan under conditions and circumstances which cause him to engage in unethical practices.

5. As the Judicial Council of the American Medical Association once declared: "the remedy for the evils associated with contract practice resides in the county society" and "each case must be judged on its own merits after all the facts pertaining thereto are known."

6. The By-Laws of the component county medical societies affiliated with the Ohio State Medical Association, and the By-Laws of the Ohio State Medical Association itself, provide effective ways and means for disciplinary action against members guilty of violation of any of the provisions of the Principles of Medical Ethics of the American Medical Association. Any such disciplinary action as the facts may warrant should be initiated by component county medical societies in conformity with their By-Laws.

New Members of OSMA

The following are the names of the new members of Ohio State Medical Association since November 1, 1957. The list shows the County in which they are affiliated, city in which they are practicing, or temporary address in cases where physicians are taking postgraduate work.

ALLEN COUNTY

Bartholomew, Lee E., Lima
Kemph, John P., Elida
Leech, Thomas R., Lima
Reed, Alexander C., Lima
Shelly, Howard M., Bluffton
Wright, Gene E., Lima

BUTLER COUNTY

Smythe, Lowell J., Middletown

CUYAHOGA COUNTY

Allen, Griffin M., Cleveland
Ambrozaitis, Kazys G., Cleveland
Carson, James E., Cleveland
Delgado, Gustavo, Cleveland
Kuzas, Adolph, Cleveland
Leverich, Edward B., Cleveland
Meaney, Thomas F., Cleveland
Oseasohn, Robert O., Cleveland
Pasterczyk, Arthur A., Cleveland
Rush, James L., Bay Village
Vertes, Victor, Cleveland
Wallace, David, Cleveland
Walton, Robert O., Cleveland
Zietak, Boleslaw D., Cleveland

HAMILTON COUNTY

Amann, Charles J., Cincinnati
Brown, George E., Cincinnati
Hillman, Donald W., Cincinnati
Jett, Frank Lee, Cincinnati
Kirschner, Jack R., Cincinnati
Martin, Lester W., Cincinnati
McCorkle, Marilyn Rousey, Cincinnati
Mendez, Fernando L., Cincinnati
Perry, Harold, Cincinnati
Rubenstein, Jack H., Cincinnati
Schneider, Edward M., Kentucky
Strasser, Edward S., Cincinnati
Werner, Ferdinard, Jr., Cincinnati

LORAIN COUNTY

Chorny, John, LaGrange

LUCAS COUNTY

Galevi, Osman, Toledo
Kolb, Boris, Toledo

MADISON COUNTY

Wolber, Paul G. H., London

MIAMI COUNTY

Swihart, Danny D., Troy

MONTGOMERY COUNTY

Erwin, William A., Dayton

SUMMIT COUNTY

Dalheim, Leroy, Akron
Ruoff, Frederick A., Akron

Obstetrics and Gynecology Board Examinations

The next scheduled examinations (Part II), American Board of Obstetrics and Gynecology, oral and clinical for all candidates will be conducted at the Edgewater Beach Hotel, Chicago, Illinois, by the entire Board from May 7 through 17, 1958. Formal notice of the exact time of each candidate's examination will be sent him in advance of the examination dates, reported Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, secretary of the board.

Candidates who participated in the Part I examinations will be notified of their eligibility for the Part II examinations as soon as possible.

Medical School Enrollment . . .

With 7,791 Freshman Medical Students During Past Session, Total Enrollment Continues To Increase, Report of AMA Committee Shows

OF every 100,000 persons in the United States, 4.7 were enrolled as freshmen in American medical schools during 1956-57.

In fact, there were more freshmen medical students that year than ever before: 7,791, compared with 7,686 in 1955-56, according to the 57th annual report on medical education made by the American Medical Association's council on medical education and hospitals.

However, the number of 1957 graduates (6,796) from 78 approved four-year schools was slightly smaller than the 6,845 graduated in 1956.

The 7,791 freshmen were part of 28,852 students enrolled in the 78 four-year approved medical schools and four schools of two-year basic medical science in the U. S. 1956-57 was the eighth consecutive year that a new record in total enrollment was established, the report said. In 1956-57 there were 28,639 students enrolled.

In addition to teaching these medical students, the schools also undertook to teach more than 62,000 other undergraduate students in allied medical fields. These were in dentistry, nursing, pharmacy, x-ray, and medical technology, arts and science courses, physical or occupational therapy, and medical records and medical librarianship. The schools also assisted in the education of interns and residents and practicing physicians doing postgraduate study.

The schools spent more than $200-million in 1956-57, the report said. The cost of supporting the many activities of medical schools has risen steadily with the expansion of those activities and with the general increase in the price of services and goods. Since so many of the schools' funds come directly or indirectly from public sources, there should be available a more meaningful method of accounting for expenditures, the report said.

In fact, an editorial in the November 16 *AMA Journal*, in which the report appears, called for the development of a uniform system of cost accounting among medical schools. In that way, schools could tell more exactly where their money goes and why they need the amounts they do.

SOURCES OF SUPPORT

Much financial support has been given to the schools by two organizations, the American Medical Education Foundation, which is supported by physicians and medical organizations, and the National Fund for Medical Education, which draws its funds from industry and the Ford Foundation. During 1956, 39,892 contributors gave the foundation $1,072,727, an increase of 40 per cent over 1955. The National Fund gave $3,066,450 to medical schools last January.

The report also showed the following:

During 1956-57 the schools of medicine at the University of Mississippi and the University of Missouri graduated their first classes. The University of Florida Medical School, Gainesville, Florida, and Seton Hall College of Medicine and Dentistry, Jersey City, N. J., enrolled their first classes.

Beginning in September 1960, the University of West Virginia will enroll third year medical students. At present it has only a two-year school of basic science. First classes will be admitted at the University of Kentucky, Lexington, in 1959 or 1960.

Thirty-three schools reported initiation or completion of major construction projects. Nineteen began projects estimated to cost about $32,200,000, while 20 completed projects representing an investment of $67,500,000.

There were 1,646 women enrolled in medical schools during the year, and 330 women were graduated in 1957.

Ninety American citizens were enrolled in the 12 Canadian medical schools, while eight Canadians were in U. S. schools.

DISASTER MEDICINE

Forty-five American medical schools are now participating in a special program dealing with the problems of military and disaster medicine.

The program, Medical Education for National Defense (MEND), was started in 1952 with five pilot schools. It has steadily expanded and now includes more than 14,000 medical students in 45 schools.

The cost of the program has been most reasonable, averaging $10,000 per school per year, or about $30.00 per student. Last year the total cost including the operation of a coordinator's office in Washington was $325,000 for 35 schools.

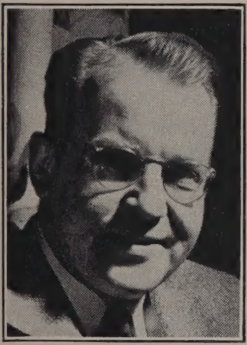
The program is carried out in medical schools, under the supervision of the individual school in whatever manner the faculty sees fit. Annually MEND sponsors a series of symposiums at federal medical installations. It also conducts a tour for deans and coordinators of MEND-affiliated schools, designed to introduce them to current problems and trends in the federal services.

Activities in the medical schools include special lectures, conferences, and demonstrations in surgery of trauma, war wounds, radiobiology, defense measures of chemical and biological warfare, aviation medicine, and various other medical civil defense problems.

MEND is a function of the MEND program subcommittee of the Association of American Medical Colleges. It is endorsed by the AMA's councils on national defense and medical education and hospitals, and by medical officials of the Department of Defense, Army, Navy, Air Force, Public Health Service, and Federal Civil Defense Administration.

Central Ohio Heart Group To Present Program in Columbus, January 22

Dr. Dwight E. Harken, Boston, will address the Scientific Council of the Central Ohio Heart Association, Wednesday, January 22. All Central Ohio physicians are invited to attend the all-day session, which will be held at Room M-100, Starling-Loving Hospital, Ohio State University.


DR. HARKEN

Dr. Harken is an associate clinical professor of surgery, Harvard Medical School, and a surgeon at Peter Bent Brigham Hospital, Boston. He is also surgeon and chief of the Department of Thoracic Surgery, Mount Auburn Hospital, Cambridge, Mass., and Malden Hospital, Malden, Mass., and consultant in thoracic surgery at 12 Eastern hospitals.

The meeting will open at 10 a. m. with a panel discussion of "The Evaluation of the Patient for Cardiovascular Surgery." Serving as panel moderator will be Dr. Joseph Ryan, University Hospital, Columbus. Panel members include Dr. Harken; Dr. Don Hosier, Children's Hospital, Columbus; Dr. Howard Sirak, University Hospital, and Dr. Hugh Hull, University Hospital. The panel discussion will evaluate not only the objective and subjective findings in the patient, but also arteriography, cardiac catheterization and function tests.

After a luncheon at the Jai Lai Restaurant, the group will meet again at 2 p. m. to hear Dr. Harken's address entitled "The Surgical Correction of Aortic Stenosis." From 3 to 4 p. m. a cardiac Clinical-Pathological Conference will be held.

Cincinnati Area GPs

The next meeting of the Southwestern Ohio Society of General Physicians will be on January 19 from noon to 4:30 p. m. at the Hartwell Country Club. The topic will be "Heart Disease."

At the meeting on November 24 a team from the University of Cincinnati College of Medicine, discussed the subject "Pathology of the Male Perineal Organs."

Mr. Stuart Named To Direct National Blue Cross Association

James E. Stuart, Cincinnati, since 1941 director of the Hospital Care Corporation, the Blue Cross Plan for Southwestern Ohio, has been named director of the newly reorganized Blue Cross Association, with headquarters in New York. He will continue his association with Hospital Care Corporation as a consultant.

Earl H. Kammer, recently named director of the Board of Trustees, will take over the duties and responsibilities of Mr. Stuart.

Speed-Up Payment Plan of BWC Appears To Be a Success

Prompt payment of physician's fees for medical-only Workmen's Compensation cases seems to be assured by the mechanized method of processing claims recently initiated by James L. Young, BWC Administrator.

At the request of *The Journal*, Mr. Young prepared the following progress report as of December 17, 1957:

"In October over 11,000 letters and return post cards were mailed to Ohio physicians requesting license numbers for use in coding a punch card system for rapid processing of medical only payments. Over 9,000 cards have been returned. Problems, such as number duplication, are being handled individually with the physicians involved. Clinics are being assigned special numbers if it is desired that the payment be made in that manner.

"The first nine days of operation were tabulated on December 10th. Twenty thousand, six hundred and seventy-one items were processed for payment with the following disbursements:

Hospitals	$ 71,341.52
Physicians	159,907.07
Clinics	26,376.74
Total	$257,625.33

"The checks to hospitals and clinics were mailed on December 11th. Checks to 2,687 physicians were mailed December 16th. These disbursements are all in addition to payments processed in the normal routine.

A second disbursement is being prepared for the end of December which will be larger. A third will probably be necessary in early January to bring medical-only payments to a current basis.

"As soon as it is administratively feasible, all medical payments will be included in the punch card system. The Bureau appreciates greatly the cooperation of Ohio's physicians in creating a successful system.

"The Bureau requests that each physician indicate his license number on each fee bill filed with the Bureau. It is suggested that it be incorporated in a stamp showing name and address to facilitate processing."

Facts and Policies About Annual Dues . . .

Amount of Dues; Date Due; Payable to Whom? Those Exempt From Payment; Data on AMA Dues and Exemptions; Getting Journals

HERE are some important facts and reminders regarding 1958 membership dues. It is vital for each physician to keep his membership in the State Association, his county Medical Society, and the AMA up to date. Those who have not paid 1958 dues should get in touch with their County Society secretary - treasurer immediately.

Amount of Dues: State Association, $25.00 or $7.50 in the case of interns and residents; AMA, $25.00; County Society, amount varies from county to county—See your local secretary-treasurer.

Membership and Dues for Residents and Interns: A physician serving a hospital internship or residency within a period of five years following graduation from the medical school (excluding time in military service), who becomes a member of a county medical society and meets the membership eligibility requirements of the OSMA By-Laws, **does not** have to pay full state dues for 1958. By official action of The Council September 14-15, 1957, state dues for such members were set for 1958 at $7.50. Such members will not receive *The Journal* automatically but may subscribe to *The Journal* at one-half the regular rate—namely for $2.50.

So far as AMA membership is concerned, the AMA By-Laws provide that it may excuse from the payment of AMA dues, interns and residents during the first five years following graduation from medical school (excepting military service) provided their local and state dues are fully or partially waived. Therefore, intern and resident members in Ohio who are assessed the partial dues ($7.50) will be entitled to AMA membership without payment of AMA dues. However, in order to receive the *AMA Journal* or some other AMA publication, they will have to purchase a regular subscription from the AMA.

Date Dues are Due: On or before January 1, 1958. Membership is on a calendar year basis.

Dues Payable to Whom?: Secretary-treasurer of County Medical Society. When paying dues to him, send check for total amount of local, State and AMA dues. Maintaining membership in the AMA is optional, but the large majority of Ohio physicians belong to the AMA. Don't send dues direct to Columbus Office—pay them to local secretary-treasurer.

Who is Exempt From State Dues? There are only two classes of members of the OSMA who are exempt from the payment of state dues, namely:

(a) **Military Members:** Members of the OSMA on extended active duty in the military service or U. S. Public Health Service but who are not making military medicine or public health work a career, are entitled **to exemption from OSMA membership dues** while they are in the service. Dues paid by a member before entering the service will not be refunded, but dues will be waived if he enters the service prior to paying dues. Certification from local secretaries will be necessary in all such cases.

(b) **Aged or Disabled Members:** A member **who retires,** or has been retired, from active practice because of **age or disability** and who was in good standing at the time of retirement is exempt from the payment of State dues, **providing he requests such exemption and such request is approved in writing by the secretary-treasurer of his county medical society.**

Remember: The determining factor is not how old the physician is but whether he has retired from active practice.

Who Is Exempt From AMA Dues?: The following physicians, who are members of the OSMA either through payment of OSMA dues or by exemption of OSMA dues, can carry membership in the AMA without paying AMA dues:

(a) **Military Members:** OSMA members in temporary military service prior to January 1, 1958, are entitled to AMA membership **without payment of dues.** Members entering military service prior to July 1, 1958, will owe AMA membership dues of $12.50—one-half year; those entering military service after July 1, 1958, will owe dues for the entire year—$25.00. Military members for whom AMA dues are waived and who desire to receive *The AMA Journal* while in the service may do so by buying, directly from the AMA, an annual subscription in the amount of $15.00. The *OSMA Journal* is sent to such members without charge.

(b) **Aged and Disabled Members:** OSMA members who are exempt from payment of OSMA dues because of retirement from active practice due to **age or disability** are entitled to AMA membership without payment of AMA dues. The names of such members will be certified automatically to the AMA annually by the Columbus Office after their names are entered on the OSMA roster as dues-exempt members for the current year.

(c) **Members 70 years of age:** Members of the OSMA, after attaining the age of 70 years, will be eligible for membership in the AMA without paying AMA dues, **starting on January 1 following such member's 70th birthday, providing such member requests such exemption.** Such members should file their request for AMA exemption with the Columbus Office after they have received their OSMA membership card for 1958, or any subsequent current year. The Columbus Office will certify their names to the AMA. This AMA exemption will be automatic year by year, providing the physician's name is carried on the membership roster of the OSMA, either as a dues-paying member or as a retired member. To get the *AMA Journal* these 70-year old members must purchase a subscription.

(d) Members of the OSMA who are serving an internship or residency during the first five years following graduation from medical school (excluding time in military service). This is because their dues are partially waived by the OSMA (they pay only $7.50 to OSMA). Those in postgraduate training after the five-year period are not excluded from paying AMA dues.

Those not exempt from OSMA dues: The following are not exempt from the payment of OSMA dues, either $25.00 or $7.50:

(a) **Members in practice or in internship or residency training.** As mentioned previously, those in internship or residency during the first five years following graduation from medical school (excluding time in military service) are assessed dues of $7.50—not $25.00 the dues of other classes of paying members.

(b) **Regular commissioned medical officers of the Army, Navy, Air Force, or U. S. Public Health Service, and permanent medical officers of the Veterans Service and the Indian Service are NOT exempt from OSMA dues.** If they desire to be members of the OSMA, they must qualify the same as civilian physicians and pay current dues. However, physicians of these classes are eligible to apply for **Service Membership in the AMA,** and if accepted into Service Membership, will not be required to pay AMA dues.

Send Change of Address Promptly: Occasionally a new member wonders why he does not receive the OSMA and AMA journals at once. The answer is simple. It takes the OSMA Columbus Office about four weeks to get a new stencil made and the mailing list adjusted to take care of mailings to new members. It takes the AMA longer because of its very large mailing list. Also, some months extra copies of the journals are quickly exhausted. Moreover, the Post Office Department frequently causes the delay in delivery. The Columbus Office makes a real effort to send out OSMA journals to new members by special handling but that can't always be expedited. If a new member fails to get the magazine on two consecutive months, something is wrong and he should notify the Columbus Office. All members can help the Columbus Office in keeping the mailing list up to date by sending in changes of address promptly.

Journals: State Association members, who pay full dues or are exempt from payment of any dues, receive *The Ohio State Medical Journal* as a part of their membership privileges—no extra charge for *OSMA Journal.* Those who pay dues to AMA receive the *Journal of the AMA* as a part of their membership privileges—no extra charge for *AMA Journal.*

A dues-paying AMA member may secure in lieu of the *AMA Journal,* any other official publication of the AMA **on special request by him direct to the AMA at 535 N. Dearborn Street, Chicago.** These publications are: *Archives of Internal Medicine, American Journal of Diseases of Children, Archives of Dermatology and Syphilology, Archives of Neurology and Psychiatry, Archives of Pathology, Archives of Surgery, Archives of Otolaryngology, Archives of Ophthalmology,* and *Archives of Industrial Hygiene and Occupational Medicine.*

Those exempted from payment of AMA dues must place a special subscription for the *AMA Journal* direct to the AMA or any one of the other publications if they desire to receive such publication.

Do You Know? . . .

A total of 652 physicians attended the annual meeting of the Sixth Councilor District of the OSMA at Canton, October 23. Dr. Howard J. Ickes, Canton, was chairman for the meeting. The 1958 meeting will be held at Akron on October 22.

* * *

Hart F. Page, Assistant Director of Public Relations of the Ohio State Medical Association, has been named a member of the Board of Directors of the Ohio Trade Association Executives. He also just completed a one-year term as President of the Columbus Chapter, Public Relations Society of America, and was elected to represent that chapter on the Board of Directors of PRSA.

* * *

Ohio members of the U. S. Congress and members of the Ohio General Assembly received *Today's Health* with the compliments of the Ohio State Medical Association.

* * *

The Cincinnati Post devoted a full page in its magazine section of October 26 to an article about Dr. Louis E. Cook, a practicing physician in the Price Hill area of Cincinnati for 63 years and still active at the age of 86.

* * *

Medical societies interested in developing worthwhile local radio and television programs may secure copies of the summary of the recent radio-TV conference sponsored by the AMA and the National Association of Radio and Television Broadcasters from the AMA's Public Relations Department.

Students' Views on Economic Issues . . .

Survey Taken on Anticipated Fees, Types of Practice, Specialization And Other Important Future Issues, Published by Ciba Medical News

CARRYING the headline, "1,000 Students View Private Practice," this article containing some interesting material about the opinions and views of today's medical students appeared in a recent issue of *Medical News*, published by Ciba Pharmaceutical Products., Inc.:

* * *

Where do today's medical students stand on some of the economic issues bothering their elders in the profession? Salaried practice versus fee-for-service practice, for example, or individual versus group practice?

How much money do they expect to be earning ten—and twenty—years from now? What specialties do they prefer?

This article, based on a recent study by a research team of the National Opinion Research Center, University of Chicago, offers some up-to-date answers. The survey consisted of personal interviews with 1,086 male students in 44 medical schools during May and June of 1956. The findings have just been published by Don Cahalan and Patricia Collette, and Capt. Norman A. Hilmar of the Army Medical Service Corps. The research was supported by the Surgeon General's Office, Department of the Army.

PREFER FEE FOR SERVICE

Nine out of ten medical students prefer some type of private, fee-for-service practice to salaried practice in any form. Their reasons:

1. Fear of restrictions and limitations on their practice, if salaried.
2. Fear that the relationship between doctor and patient might be unsatisfactory.
3. Fear that the doctor would have little variety in the medical cases he would handle.
4. Fear that his chances for advancement would be determined by others.

These fears are directed, Mr. Cahalan and his colleagues reported, not only against salaried private practice, but also against salaried practice for some governmental agency or one of the Armed Forces.

In contrast, the students—and the survey cut across all four years of medical school—are sharply divided in their opinions about individual and group practice.

Only 26 per cent prefer completely independent practice; 31 per cent individual practice with pooling of some facilities with other doctors; and 30 per cent, group practice in a partnership arrangement.

Their reasons? Of those choosing solo practice, 79 per cent said, "I want to be my own boss." Of those in the second category, preferring individual practice with pooling of some facilities, 72 per cent cited efficiency and/or economy as the main reason.

Those plumping for group practice gave these reasons:

(1) More time for one's private life (62 per cent); (2) more opportunity for consultation (57 per cent); (3) greater efficiency and economy (31 per cent); (4) the intellectual stimulation of other doctors (22 per cent).

The student who gets into medical school apparently has few doubts that medicine is the career for him. The survey showed that only 1 per cent could think of any more satisfying career. Most of those interviewed gave idealistic reasons for choosing medicine, such as "helping others" or "working with people."

MEDIAN IS $22,340

But a surprising three out of ten specified financial return or economic security as one of the things they expect to like best about being a doctor. And when it came to anticipated incomes, almost all the students in the survey indicated they did not expect to be underpaid.

Senior students estimated their annual net income at $16,230 ten years out of medical school—about $2,000 more than did freshmen when they looked ahead 13 years. As a group they anticipated a net income of $22,340 (median figure) at the height of their career. Only 1 student in 100 predicted he'd be making less than $10,000 at his peak.

One startling finding: Seniors planning a career in general practice estimated their income after 10 years at $16,820—about $700 more than did those planning to specialize.

Those preferring to specialize, however, outnumbered those planning a general practice career by 3 to 1. All students were asked: "If you were to specialize in your practice, what field of specialization do you think you would prefer? What field do you think you would like the least?" The results:

	Preferred	Liked Least
Internal medicine	30%	1%
Surgery	22	11
Pediatrics	10	5
Obstetrics and gynecology	10	7
Psychiatry and/or neurology	8	13
Orthopedics	2	3
Pathology	2	11
Ophthalmology	1	4
Otolaryngology	—	5
Public health or preventive medicine	—	6
Other specialties	5	27
Can't decide	10	7

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In extensive clinical trial Dartal caused no dangerous toxic reactions. Drowsiness and dizziness were the principal side effects reported by non-psychotic patients, but in almost all instances these were mild and caused no problem.

Specifically, the usefulness of Dartal has been established in psychoneuroses with emotional hyperactivity, in diseases with strong psychic overtones such as ulcerative colitis, peptic ulcer and in certain frank and senile psychoses.

Usual Dosage
- In psychoneuroses with anxiety and tension states *one 5 mg. tablet t.i.d.*
- In psychotic conditions *one 10 mg. tablet t.i.d.*

You and Your Public . . .

Public Relations Often Start with the Medical Assistant; She Should Be as Much a Part of the PR Team as She Is Part of the Medical Team

THE importance of the medical assistant as a member of the physician's office public relations "team" was aptly brought out in Columbus recently when 325 persons attended a PR institute for such personnel.

Emphasis was placed on the importance of the medical assistant not only as a member of the medical "team" but also on the manner in which the assistant's attitude reflected either good or bad public relations for the physician and the medical profession.

The occasion was the fifth annual Public Relations Institute for Medical Assistants, and it drew the largest attendance ever recorded at this annual event, sponsored by the Columbus Academy of Medicine. Included in the attendance were 220 medical assistants.

Stressing the PR role of the assistant was Leo E. Brown, director of public relations, American Medical Association. Mr. Brown pointed out that courtesy, kindness and consideration when dealing with patients is basically good human relations and helps the desired type of public relations.

KNOW THE ISSUES

He urged institute members not only to know the keys to good PR but also to become familiar with important issues facing the medical profession.

Institute observes emphasized that the lively interest the medical assistants displayed strongly indicated a desire on their part to know, understand and practice good public relations policies.

Columbus physicians served on discussion panels as a part of the institute, an indication to the medical assistants the importance their employers attach to the subject.

INDOCTRINATION COURSE

For the physician who is not able to send his office staff to such an institute, there is a "short course" with which he can indoctrinate them.

First, office personnel should be made aware that the physician has four "publics," namely, (1) his patients, (2) his colleagues, (3) community leaders who, by tradition, turn to a medical man for advice and help on many social and civic problems, and (4) his suppliers—the "detail men." To discuss the first "public":

The most important group is, of course, the patients. There are three types of patient contacts—in person, telephone and mail. The PR-minded person does not slight any of these contacts.

The office assistant should never leave the phone unattended. She should answer it promptly and identify the physician's office. Whether the caller is requesting an appointment or information, the request should be met courteously and promptly. However, care must be taken that information provided is not confidential or restricted.

As for the personnel contact, nothing leaves a patient colder than to be permitted to enter the office and find his own seat without as much as a greeting or word of welcome.

The receptionist, for example, should greet each patient individually. If the doctor is out or delayed, she should explain why courteously. Knowledge about the background and interests of a patient helps to add to the warmth of his welcome.

An extra effort to ease the anxiety of the patient who "waits in fear" pays PR dividends.

After the patient has seen the doctor, he should be informed of any future appointment and asked if he has any questions—an unhurried good-bye sends the patient on his way with a better feeling.

A polite inquiry about the bill—"Would you like to take care of the fee now or would you like to be billed later?"—often results in payment on the spot and eliminates mailing a statement later.

When billing by mail, don't try to get the bill to the patient's home before he gets there. By the same token, don't delay too long in billing, for then the doctor's service no longer is fresh in the patient's memory.

All patients should be informed of the doctor's policy on house calls and emergencies.

To sum it up, well-informed patients are understanding patients—a good PR asset.

Loans Available for Resident Studies in Chest Diseases

To stimulate interest in postgraduate study of chest diseases and to assist worthy postgraduate students in continuation of study in diseases of the chest, the American College of Chest Physicians has established a loan fund. Application may be made by any physician who has completed an internship and wishes to continue studies in chest diseases. Loans may be up to $1,000 per year with a limit of $3,000 to any one student. Details may be obtained from the College at 112 E. Chestnut St., Chicago, 11.

In Memoriam . . .

Matthew M. Applegate, M. D., Cincinnati; Medical College of Ohio, Cincinnati, 1909; aged 73; died November 15; member of the Ohio State Medical Association through 1950. Dr. Applegate had retired several years ago after practicing for many years in the Cincinnati area.

Leo C. Bean, M. D., Gallipolis; Johns Hopkins University School of Medicine, 1915; aged 68; died November 15; member of the Ohio State Medical Association, the American Medical Association; Fellow of the American College of Physicians; diplomate of the American Board of Internal Medicine. An earlier resident of Gallipolis, where his father, the late Dr. Lewis Bean, practiced, Dr. Leo Bean returned there in 1919 after doing graduate studies in St. Louis. He was active in numerous community affairs, was a founder of the Gallipolis Clinic, and for a time was a trustee of the Holzer Hospital Foundation. He was a past-president of the Rotary Club, a member of the Elks Lodge and an elder in the Presbyterian Church. Survivors include his widow, two daughters, a sister, and a brother, Dr. Lewis A. Bean, now residing in Coca Beach, Fla.

Albert R. Burkhart, M. D., Woodsfield; Ohio State University College of Medicine, 1922; aged 61; died November 19; member of the Ohio State Medical Association and the American Medical Association; secretary of the Monroe County Medical Society. Dr. Burkhart practiced in the Woodsfield area for 30 years, having moved there after completing an internship in Cleveland. Surviving are his widow, three daughters, a son, three sisters and two brothers.

Harry M. Butler, M. D., Newark; University of Cincinnati College of Medicine, 1928; aged 55; died November 26; member of the Ohio State Medical Association and the American Medical Association. Dr. Butler practiced for some 22 years in Newark, having moved there from Mt. Vernon in 1935. He was a member of several Masonic bodies, was a trustee in the Presbyterian Church and was active in other community organizations. Surviving are his widow, a daughter and a son, Dr. Harry M. Butler, who is now serving in the Medical Unit of the Marine Corps; also a brother and a sister.

William C. Clark, M. D., Cincinnati; University of Cincinnati College of Medicine, 1912; aged 73; died December 1; former member of the Ohio State Medical Association. A native of Covington, Ky., Dr. Clark practiced in the Cincinnati area from 1912 until his retirement about four years ago. He was a 50-year member of the Masonic Lodge. Survivors include his widow, a stepson and a sister.

Dominic P. Donisi, M. D., Cincinnati; Hahnemann Medical College and Hospital of Philadelphia, 1931; aged 55; died November 28; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. Dr. Donisi practiced medicine in the Cincinnati area for 26 years. He was a member of the American Medical Relief for Italy Committee. Surviving are his widow, a daughter and two brothers.

Willard G. Drown, M. D., Warren; Ohio State University College of Medicine, 1923; aged 59; died December 9; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. Dr. Drown had been a practicing physician in Warren since 1924. He was a veteran of both World Wars and during World War II served as major in the Army Medical Corps. Affiliations included memberships in the Elks Club, the Community Church and the Trumbull Country Club. Surviving are his widow, a son, his stepmother and a brother.

Thomas Ludlow Ferenbaugh, M. D., Columbus; Johns Hopkins University School of Medicine, 1909; aged 76; died December 5; an affiliate member of the Columbus Academy of Medicine and Fellow of the American College of Surgeons. Colonel Ferenbaugh retired in 1945 after serving 36 years with the Army Medical Corps. He was stationed at Fort Hayes in Columbus from 1930 to 1936 and during World War II served with the 37th Division. The Legion of Merit was awarded him in 1946. Colonel Ferenbaugh was past-president of the Retired Officers Club, a member of the American Legion, member of Psi Upsilon and Alpha Kappa Kappa and the Masonic Lodge. Surviving are his widow, a daughter and a half-sister.

Walter B. Johnson, M. D., Winter Park, Florida; Western Reserve University School of Medicine, 1931; aged 55; died November 19; former member of the Ohio State Medical Association. Dr. Johnson practiced from 1933 to 1945 in Lakewood. During World War II he went into service and held the rank of Colonel in the Army Medical Corps. For health reasons he left the service and moved to Florida where he continued in practice. Survivors include his widow, a son, two brothers and two sisters.

Charles P. Kennedy, M. D., Ft. Lauderdale, Fla.; University of Cincinnati College of Medicine, 1910; aged 68; died November 17; member of the Ohio State Medical Association and the American Medical Association. Dr. Kennedy practiced for 40 years in Cincinnati before he moved to Florida about five years ago. Survivors include his widow, two daughters and a sister.

Joseph LaCamera, M. D., Akron; University of Cincinnati College of Medicine, 1927; aged 61;

died December 3; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. Dr. LaCamera was a practicing physician in Akron for 29 years. A veteran of World War I, he was a member of the American Legion and the Veterans of Foreign Wars. He was also a member of Phi Chi Fraternity, the Catholic Church, the Holy Name Society and the Sons of Italy in America. Surviving are his widow, a daughter, a son and three brothers, one of whom is Dr. Frank LaCamera of Warren.

Manley S. Lawrence, M. D., Quaker City; Ohio Medical University, Columbus, 1903; aged 81; died November 21; member of the Ohio State Medical Association, and recipient of the OSMA 50-Year Award; member of the American Medical Association. Dr. Lawrence began his practice in Orland, Ind., and from there went to Sarahsville. He moved to Quaker City in 1912. He was an elder in the Christian Church, served for many years as secretary of the local Masonic Lodge and was a member of the Rotary Club. Survivors include his widow, two daughters, two sons and a sister.

Robert W. Miller, M. D., Hemlock; University of Illinois College of Medicine, 1902; aged 81; died November 6 in a traffic accident; member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award; former member AMA. Dr. Miller practiced a total of 55 years, all of it in Hemlock and vicinity. He was serving as Perry County coroner. A member of the Masonic Lodge, last year was awarded the 50-year membership pin of the Knights Templar. Survivors include two daughters and a brother, Dr. James Miller, of Corning.

Herman H. Schulze, M. D., Cincinnati; Miami Medical College, Cincinnati, 1906; aged 77; died November 3; member of the Ohio State Medical Association and the American Medical Association. A practicing physician in Cincinnati for 51 years, Dr. Schulze had been presented the 50-Year Award of the Ohio State Medical Association. He was a member of the Masonic Lodge. Surviving are his widow; a son, Dr. A. Gordon Schulze, of Amelia; three brothers and two sisters.

Homer G. Scranton, M. D., Alliance; Western Reserve University School of Medicine, 1908; aged 74; died November 19; former member of the Ohio State Medical Association. A native of Alliance, Dr. Scranton served all of his professional career there. He was active in a number of community affairs, among them the Mount Union College building program. During World War I, he served in the Medical Corps and went to France as a captain in the 80th Division. He was a member of the Methodist Church, the Wranglers Club and Alpha Tau Omega. Surviving are his widow, a son and a sister.

Jefferson Davis Swango, M. D., Waterloo; Hahnemann Medical College and Hospital of Philadelphia, 1926; aged 59; died November 14; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. A native of Kentucky, Dr. Swango practiced in the Ashland, Ky., area and was physician for Armco Steel before he moved to Waterloo in 1930. He had been a practicing physician in that vicinity since and took an active part in local and county affairs. A veteran of World War II, he was a member of the Presbyterian Church and the Masonic Lodge. Surviving are his widow, two sons, his mother, two sisters and two brothers.

Albert L. Swartzwelder, M. D., formerly of Bartlett; Eclectic Medical College, Cincinnati, 1902; aged 79; died December 2. Dr. Swartzwelder practiced for about 25 years in the Cleveland area. After a short period in California he returned to Ohio and practiced in the Lawrence County area.

John W. Sheetz, M.D., Columbus; Johns Hopkins University School of Medicine, 1910; aged 72; died November 18; member of the Ohio State Medical Association and the American Medical Association. Dr. Sheetz had been a practicing physician for many years in Columbus. He was a 32nd Degree Mason, a veteran of World War I and an active participant in Boy Scout work.

Raymond L. Thompson, M. D., Canton; Western Reserve University School of Medicine, 1916; aged 68; died November 21; member of the Ohio State Medical Association and the American Medical Association; past-president of the Stark County Medical Society. Dr. Thompson practiced for 37 years in Canton. A veteran of World War I, he was a member of the American Legion. Other affiliations included membership in the United Presbyterian Church. Survivors include his widow, a daughter, a son, his father and two brothers.

Edward B. Vogel, M. D., Bellevue; St. Louis University School of Medicine, 1920; aged 62; died November 16; member of the Ohio State Medical Association and the American Medical Association. Dr. Vogel was a practicing physician in Bellevue from 1922 and was for many years physician for the Nickel Plate Railroad. He was a member of the local Board of Education for 12 years and was a councilman in the Catholic Church, a member of the Knights of Columbus, the Eagles and the Elks Lodge, and a member of the American Legion, being a veteran of World War I. Surviving are his widow, three sons, his mother, a sister and a brother.

Dr. William E. Shrontz, Newark High School's team physician for the past 17 years, was honored at the Zanesville-Newark football game. The program was jointly sponsored by the Newark High Athletic Association and the Newark Booster Club.

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ACHROMYCIN ® Tetracycline	125 mg.
Phenacetin	120 mg.
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Bottle of 24 tablets

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ACHROMYCIN ® Tetracycline equivalent to tetracycline HCl	125 mg.
Phenacetin	120 mg.
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Health Director Reports Influenza Seems on Wane; Recommended Vaccine Dosage Given

Dr. Ralph E. Dwork, director of the Ohio Department of Health, recently issued the following information to health commissioners throughout Ohio:

Informal reports from local health commissioners and fall in morbidity card reporting suggest that the peak in incidence of influenza has passed in the state of Ohio. Information obtained on school and industrial absenteeism indicate that this disease is spreading at a less rapid rate among adults than among children.

Reports of 85 deaths with influenza as a primary cause have thus far been received by the Ohio Department of Health. These do not represent the many cases in which influenza may have been a predisposing cause. Most of the major cities are still reporting more than the usual number of deaths due to influenza and pneumonia.

Influenza vaccine production has reached a stage where a sufficient supply should be available in most areas. Most influenza vaccine produced after December 1 will possess a potency double that of vaccine originally manufactured and thus should be a more effective immunizing agent. As a result, the Public Health Service now recommends the following in respect to dosage and method of vaccination:

1. As the 400 CCA Asian strain influenza vaccine becomes generally available, it is recommended that, for those who have not been vaccinated, the new vaccine be used in a single 1.0 cc. dose subcutaneously (injected under the skin).

2. For (a) those who have already received a 0.1 cc. dose intracutaneously of the 200 CCA vaccine, and for (b) those who have received a 1.0 cc. dose subcutaneously of 200 CCA vaccine, and who are in special risk groups: namely, pregnant women, the aged and those suffering from certain chronic ailments, such as rheumatic heart disease and chronic pulmonary disease, it is recommended that a second 1.0 cc. subcutaneous dose of 200 CCA vaccine or 0.5 cc. of 400 CCA vaccine be given in not less than two weeks after the first dose.

3. Physicians may also wish to recommend a second injection for other patients under their care.

4. For children, the recommendation for dosage of the American Academy of Pediatrics is: (a) For preschool children, under five years of age, 0.1 cc. intracutaneously or subcutaneously, repeated after an interval of one to two weeks. (b) For children of 13 years of age and older, the dose for adults, 1.0 cc. subcutaneously in a single injection, may be used.

It should be noted that the changes are recom-

Malpractice Prophylaxis

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Vitamin B-1	1.0 mg.
Vitamin B-2	2.0 mg.
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Reference literature and samples available from sales representative or write direct:

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mended for especially exposed groups rather than those immunized according to the previously recommended schedule.

The accompanying map indicates the counties wherein influenza outbreaks, laboratory confirmations and deaths have occurred.

New Identification Card Under Medicare Program To Be Issued Soon

It is expected that by January 1 the new identification card for dependents of persons in the uniformed services will be in general use. As soon as distribution has been made this card, DD Form 1173, "Uniformed Services Identification and Privilege Card," will be used to identify persons eligible for medical care under the Medicare Program **provided** the card so indicates.

These are essential points for the physician to remember in regard to the new cards:

1. As soon as distribution has been made (about January 1) this card will be required to identify persons eligible for Medicare privileges.
2. Holders of the card are eligible for Medicare services only if such authorization is indicated by the word "Yes" before "Civilian" under Item 14.
3. Normally, children under ten years of age will not be issued cards, and identification will be made by parents or guardians.

"As far as we know now these cards will be necessary after January 1," reported J. J. Wrabetz, administrator of the Dependents Medical Care for Mutual of Omaha.

Following are quotes from a communication from Maj. Gen. Paul I. Robinson, executive director, Office for Dependents' Medical Care in Washington:

"DD Form 1173 is now entitled 'Uniformed Services Identification and Privilege Card' and is being issued to all persons eligible for Medical Care, commissary privileges, exchange patronage, admission to military theaters or who require military identification. Essentially then, issuance of this card will be to a far greater number of persons than those eligible for medical care under the Program. Benefits authorized by the card are indicated on the card and the controlling factor, in respect to determining eligibility for care, is the entry of the word 'Yes' preceding the word 'Civilian' in Item 14. When civilian medical care is not authorized, Item 14 'Civilian' will be blocked out on the card.

"This card will not normally be issued to children under ten years of age. When cards are not issued to these children, the identification of the accompanying parent or guardian signing the statement is considered acceptable. This can be accomplished by review of either the DD Form 1173, carried by the mother, or the "Identification Card" of the parent who is a member of a uniformed service. . ."

Governor Names Three Boards To Hear Appeals on Issuance of Drivers' Licenses for Epileptics

Members of three review boards consisting of three physicians each have been appointed by Governor C. William O'Neill to hear appeals in regard to issuance of drivers' licenses for epileptics.

Under the new law, Amended House Bill 569, which became effective September 17, epileptics whose seizures have been under effective control for at least a year may apply for drivers' licenses. The applicant must present a certification from a physician that his condition is under effective medical control. (Refer to September issue of *The Journal*, page 1065.)

If the registrar of motor vehicles sees fit to deny an applicant a driver's license, the applicant may appeal to one of the review boards. The Governor has appointed three appeal boards, one each in Cincinnati, Columbus and Cleveland for convenience in handling appeals.

Following are the names of physicians appointed to the boards:

Cincinnati—Dr. Howard D. Fabing, Dr. Douglas Goldman and Dr. Hiram B. Weiss.

Columbus—Dr. Harry LeFever, Dr. Dwight M. Palmer and Dr. Milton M. Parker.

Cleveland—Dr. Edward O. Harper, Dr. Louis J. Karnosh and Dr. John H. Nichols.

University of Cincinnati Announces Short Course in Nasal Surgery

The Department of Otolaryngology, University of Cincinnati College of Medicine, announces a Course in Reconstructive Surgery of the Nasal Septum and External Pyramid. The course will be under the direction of Dr. Maurice H. Cottle, professor of otolaryngology, Chicago Medical School, and a selected faculty in association with the American Rhinologic Society, April 12 through April 19. Class membership is limited. Tuition is $350.00. Please apply to Dr. Henry M. Goodyear, professor of otolaryngology, College of Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio.

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Activities of County Societies . . .

First District

(COUNCILOR: FRANK H. MAYFIELD, M. D., CINCINNATI)

ADAMS

The president, vice-president and secretary of the Adams County Medical Society for 1958 will be the same as those for 1957, all being re-elected at the fall meeting. They are Dr. Sam Clark, president, Cherry Fork; Dr. S. B. Sonkin, West Union, vice-president, and Dr. Hazel Sproull, West Union, secretary-treasurer.

CLERMONT

Dr. Vincent J. Seiwert, Cincinnati, was speaker at the regular meeting of the Clermont County Medical Society at the D-X Ranch on October 23.

HAMILTON

On December 3 the Academy of Medicine of Cincinnati had as guest speaker Dr. Frederic E. B. Foley, clinical professor of urology, University of Minnesota, St. Paul, who presented the subject, "Surgical Treatment of Hydronephrosis." Included in the presentation was a motion picture demonstration of the Foley Y-Plasty.

Honored at this meeting for a half century of devotion to the medical profession were the following physicians: Drs. Frank W. Case, Edwin W. Enz, Charles W. Metz, F. H. Miketta and Thomas R. Dickson, all of Cincinnati; Dr. Robert C. Allen, Glendale; Dr. Earl S. Simmonds, St. Petersburg, Fla., and Dr. K. L. Weber, Venice, Fla.

Dr. Frank H. Mayfield, Councilor of the First District, presented 50-Year Awards in behalf of the Ohio State Medical Association.

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CLARK

Dr. E. W. Schilke became the 76th president of the Clark County Medical Society when the 107-year-old organization elected and installed officers for 1958.

The election was the highlight of the November 18 meeting in Hotel Shawnee, Springfield.

Dr. Schilke, a member of the Clark County Medical Society since 1943, was 1957 president-elect. He succeeds Dr. John D. Le Fevre.

Members elected Dr. William P. Montanus of Springfield as 1958 president-elect.

Other new officers are Dr. Martin J. Cook, secretary; Dr. Naoma D. Green, treasurer; Dr. Ray M. Turner and Dr. John M. Summers, delegates, and Dr. J. Harold Shanklin and Dr. Schilke, alternates.

Society President Schilke completed his undergraduate work at Nebraska Wesleyan University, Lincoln, Neb., in 1937.

He was graduated from the University of Nebraska College of Medicine, Omaha, Neb., in 1942. He interned at City Hospital in Springfield from 1942 to 1944.

Dr. Schilke was a captain in the Army from 1944 to 1946, serving in Europe and Japan. He served the society as secretary and delegate in 1949.

Besides Dr. Le Fevre, retiring officers are Dr. Charles E. Fralick, secretary, and Dr. George P. Fitzgerald, Jr., treasurer.

Guest speaker at the meeting was Dr. John M. Sheldon of the department of post-graduate medicine at the University of Michigan. His topic was "Drug Allergies."

Dr. B. H. Marks, associate professor in the department of pharmacology and physiological chemistry at Ohio State University's College of Medicine, was the guest speaker at the October 21 meeting of the society.

Dr. Marks' topic was "Lipid Metabolism and Atherosclerosis."

The meeting also marked the society's announcement of a public relations report on Asian flu vaccine. The report, in general, told Springfielders to contact family physicians if they are not sure if they should receive the vaccine.

The report was prepared by Dr. Edwin Ash, chairman of the public relations committee.—Tom Duross, Exec. Secretary.

DARKE

Dentists of the area were guests at the November 19 meeting of the Darke County Medical Society. The dinner meeting was held in the Treaty City White Shrine Temple, Greenville. The speaker for the occasion was H. R. Franklin, of the Medical Protective Company, whose subject was "Malpractice Prophylaxis."

Third District

(COUNCILOR: JAMES R. JARVIS, M. D., VAN WERT)

ALLEN

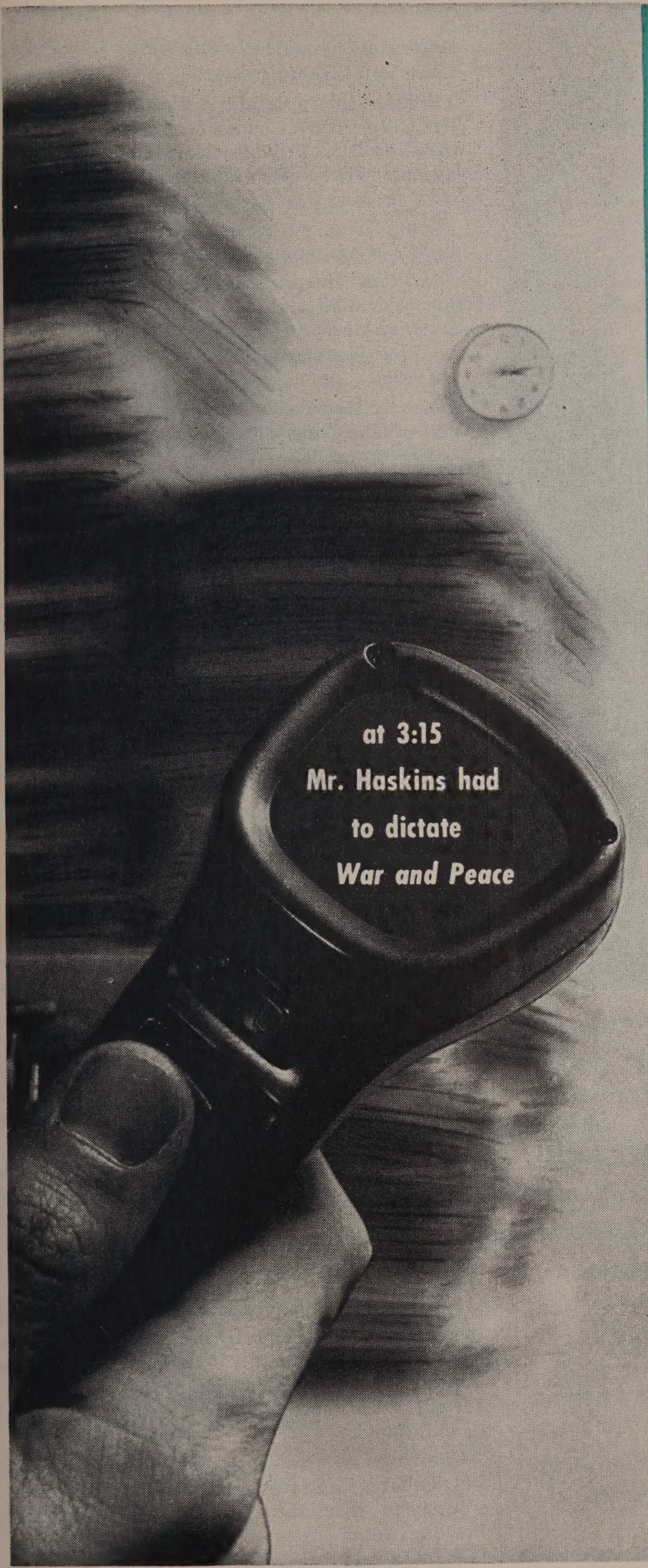
Dr. R. L. Tecklenberg was named president-elect of the Allen County Academy of Medicine at a meeting held November 19 in Lima. Dr. T. D. Allison was elected secretary and Dr. D. L. Becker, treasurer. Dr. Walter E. Yingling assumes office as president in January.

Speaker for the clinical program was Dr. Arthur D. James, associate professor of surgery at Ohio State University, whose subject was "A Lump in the Throat."

The Academy's annual dinner dance was held on December 10.

MARION

A half century of service in the practice of medicine was rewarded when a 50-Year Pin was conferred upon Dr. Maude E. Bull at a dinner



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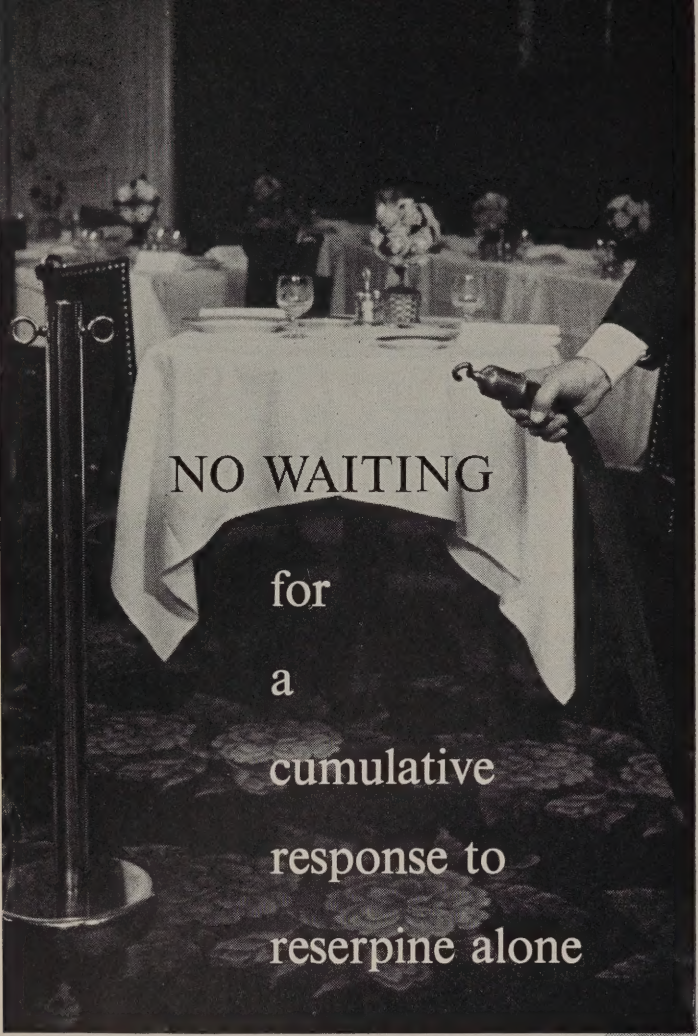
1. Comparative Effects of Various Rauwolfia Alkaloids in Hypertension, *submitted for publication.*



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meeting of the Marion Academy of Medicine held in the Hotel Harding, Marion, in early December.

Making the presentation was Dr. James R. Jarvis, Van Wert, Councilor of the Third District, while Dr. John T. Boxwell, president of the local academy, gave congratulations on behalf of her fellow doctors.

New officers were elected at the annual meeting of the Academy.

Dr. Dan Murphy was named president; Dr. Thomas Quilter, vice-president; Dr. James Schuler, secretary-treasurer; Dr. John T. Boxwell, trustee for three years and Dr. J. W. Bull, trustee for two years.

For the scientific portion of the meeting, a movie taken from a closed circuit telecast from Boston was shown. It was entitled "Problems in Acute Abdominal Pain."

VAN WERT

Dr. S. A. Edwards was guest of honor at a dinner at the First Presbyterian Church, Van Wert, on November 20 to which the public was invited. The occasion was his completion of 50 years of practice, most of that time in the Middle Point and Van Wert area. Speaking at the occasion was Dr. Robert S. Martin, Zanesville, President of the OSMA. Dr. James R. Jarvis, Van Wert, Councilor of the Third District, was in charge of arrangements for the affair, and Kerns Wright, local attorney, was toastmaster.

Fourth District

(COUNCILOR: PAUL E. ORR, M. D., PERRYSBURG)

LUCAS

The December schedule of the Academy of Medicine of Toledo and Lucas County contained the following features:

December 6—Annual business meeting.

December 13—Pathology Section: "Diagnosis and Treatment of Constrictive Pericarditis," Dr. Voja Stojanovic, chief of the Department of Surgery, Belgrade University, Yugoslavia.

December 20—Medical Section: "Influenza, Echo and PAC Viruses as Related to Clinical Medicine," Dr. Winslow Bashe, chief epidemiologist, Ohio Department of Health, Columbus.

WOOD

Dr. Stewart J. Smith was elected president of the Wood County Medical Society at the organization's regular monthly dinner meeting at the Midway Restaurant, Bowling Green, on November 21. He succeeds Dr. Victor Pilliod, of Grand Rapids.

The new vice-president is Dr. Roger A. Peatee. Dr. Richard L. Pearse was re-elected secretary-treasurer. The three new officers are from Bowling Green.

The scientific program consisted of a film on premalignancies and malignancies of the breast and colon.

Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

CUYAHOGA

Five members of the Academy of Medicine of Cleveland were honored by being awarded the 50-Year Pin and Certificate of the Ohio State Medical Association at a program on November 15. The occasion was the Academy's annual William E. Lower Lecture.

Those honored were: Dr. Clyde L. Cummer, past-president of both the Cleveland Academy and the Ohio State Medical Association; Dr. Frank J. Keeley, Dr. Martin M. Mandel, Dr. William W. Starrett and Dr. James G. Warner.

Speaker was Dr. Chester S. Keefer, professor of medicine at Boston University and physician-in-chief at Massachusetts Memorial Hospitals. He discussed current problems relating to infections and their control.

On November 28, Catherine Drinker Bowen, author and lecturer, spoke to a joint meeting of the Academy of Medicine and the Cleveland Bar Association. Her subject was "Lawyers, Politics and Courage."

GEAUGA

Dr. Hugh Schaffer, of Middlefield, was elected president of the Geauga County Medical Society at a dinner meeting on November 8. Dr. George Dandalides, of Chardon, was elected vice-president, and Dr. Alton Behm, Chardon, secretary-treasurer. Retiring president of the Society, Dr. Walter C. Corey, was elected delegate.

LAKE

Officers of the Lake County Medical Society for 1958 are the following: Dr. Robert A. Irvin, president; Dr. Richard McBurney, vice-president; Dr. Gorden W. Hasse, secretary-treasurer; Dr. B. S. Park, delegate, and Dr. James G. Powell, alternate.

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

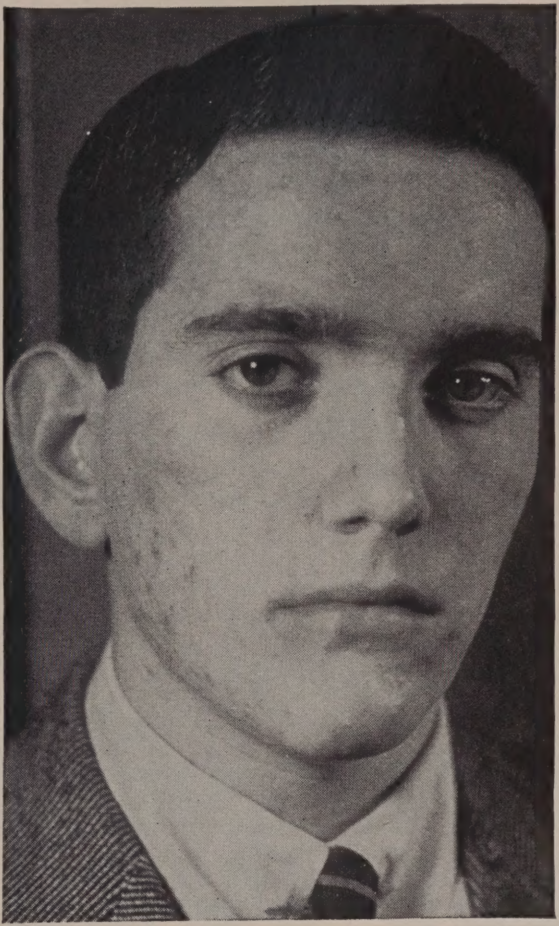
STARK

Three physicians were honored for faithful service in the medical profession over a half century at the November 14 meeting of the Stark County Medical Society in Canton. They are Dr. H. W. Bell, Dr. H. H. Bowman and Dr. Isadore Fuchs. Dr. C. A. Gustafson, Youngstown, Sixth District Councilor, presented each the 50-Year Pin of the Ohio State Medical Association.

SUMMIT

The Summit County Medical Society has taken on its first full-time executive secretary. He is Sidney H. Mountcastle who for the past six years

Superior for acne cleansing



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For best results, prescribe from four to six pHisoHex washings of the acne area daily.

pHisoHex cleans better than soap, degerms rapidly, prevents bacterial growth, and maintains normal skin pH.

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has directed the American Cancer Society's Canton-Stark County Unit. While carrying on his new duties in Akron he plans to maintain his present home on the Cairo-Mount Union Road near Hartville.

Mountcastle is a native of Lakewood and a graduate of Kent State University where he studied journalism and public relations. He has also had special studies in adult education at Mount Union College. During World War II he served with the Marine Corps.

Ninth District

(COUNCILOR: C. L. PITCHER, M. D., PORTSMOUTH)

SCIOTO

The Annual Banquet of the Scioto County Medical Society was held on December 12 at the Elks City Club in Portsmouth. Following the social hour and dinner, entertainment was presented after which an evening of dancing was enjoyed.

Tenth District

(COUNCILOR: E. H. ARTMAN, M. D., CHILLICOTHE)

FRANKLIN

Eleven of the 26 living Past-Presidents of the Columbus Academy of Medicine were present at the Annual Banquet on December 7 in the Neil House. Senior of the Past-Presidents was Dr. J. H. J. Upham who headed the Academy in 1914. Dr. Upham also is Past-President of the Ohio State Medical Association and of the AMA.

For the first time each of the Past-Presidents was presented a lapel pin from the Academy by Dr. Norman O. Rothermich, President.

Dr. Harley O. Bratton was presented the 50-Year Award by Dr. Edwin H. Artman, Chillicothe, Councilor of the Tenth District. Other members eligible to receive 50-Year Awards from the Ohio State Medical Association this year but not present are Dr. Carl D. Hoy and Dr. Forrest L. Keiser.

ROSS

The following report is from the *Chillicothe Gazette:*

Dr. Lewis Coppel was elected president of the Ross County Medical Association at a meeting held at the Gold Key, November 8. He succeeds Dr. Charles N. Hoyt.

Other officers elected were: Dr. Robert E. Quinn, vice-president; Dr. William M. Garrett, secretary-treasurer; Dr. Robert E. Swank, delegate to the Ohio State Medical Association, and Dr. Ralph W. Holmes, alternate to OSMA.

Dr. Holmes, who has been delegate to OSMA off and on since 1902, is now in semi-retirement and has retired to the alternate position.

Dr. Quinn was the speaker of the evening, discussing "Eye Diseases."

UNION

Doctors of Union County held a party on November 16 in celebration of Dr. P. D. Longbrake's 60th year in devotion to the medical profession. Colleagues presented Dr. Longbrake with a wall clock. Dr. Longbrake started his practice in Shelby but moved to St. Marysville 56 years ago.

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

The regular monthly meeting of the Lorain County Medical Society was held November 12 at Oberlin Inn. The society had as guests members of the Lorain County Bar Association. Approximately 130 members and guests were present at one of the largest turn-outs in the history of the society.

Speaker of the evening was Dr. Lester Adelson, chief deputy coroner for the County of Cuyahoga. His well accepted and interesting speech pertained to sudden death as related to the coroner.

The joint expression of those present at the dinner meeting was that it was a most successful meeting, and it is hoped that such an affair will be repeated.—Conrad T. Rusin, M. D., Secretary-Treasurer.

Deadline for Getting Special Auto Tags is February 15

Members of the Ohio medical profession who desire 1958 automobile license plates bearing the word "Physician" have until February 15 to have their applications for the special tags in the hands of the Bureau of Motor Vehicles, Columbus 16.

Physicians who had the special tags in 1957 were mailed applications for 1958 plates during December by the Motor Vehicle Bureau.

Although a state law provides a physician may obtain such tags if he so desires, **there is nothing in the law that makes it compulsory.**

Some physicians feel the tags are a special invitation for narcotics addicts and thieves to loot the doctor's car, attract undue attention and involve the doctor in nuisance types of cases.

Ohio physicians who may want to obtain the tags for the first time in 1958 should write to the Bureau of Motor Vehicles for application forms. One of these forms is a certification of medical licensure which the physician must have executed and signed by the State Medical Board, 21 W. Broad St., Columbus.

Last year a number of physicians mailed these certifications to the OSMA Headquarters Office. The State Association is not empowered to certify these forms under the law. They must go to the State Medical Board.

The Bureau of Motor Vehicles also emphasized that the vehicle for which the license plates are used must be registered in the name of and the application must be in the name of the physician who obtains the plates. This requirement means that the Ohio State Medical Association Headquarters cannot process such applications since the Bureau requires that the physician apply directly to the Bureau.

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SUPPLIED: 4 cc. plastic squeeze, dropper bottle containing ACHROMYCIN Tetracycline HCl (1%) 10.0 mg., per cc., suspended in sesame oil...retains full potency for 2 years without refrigeration.

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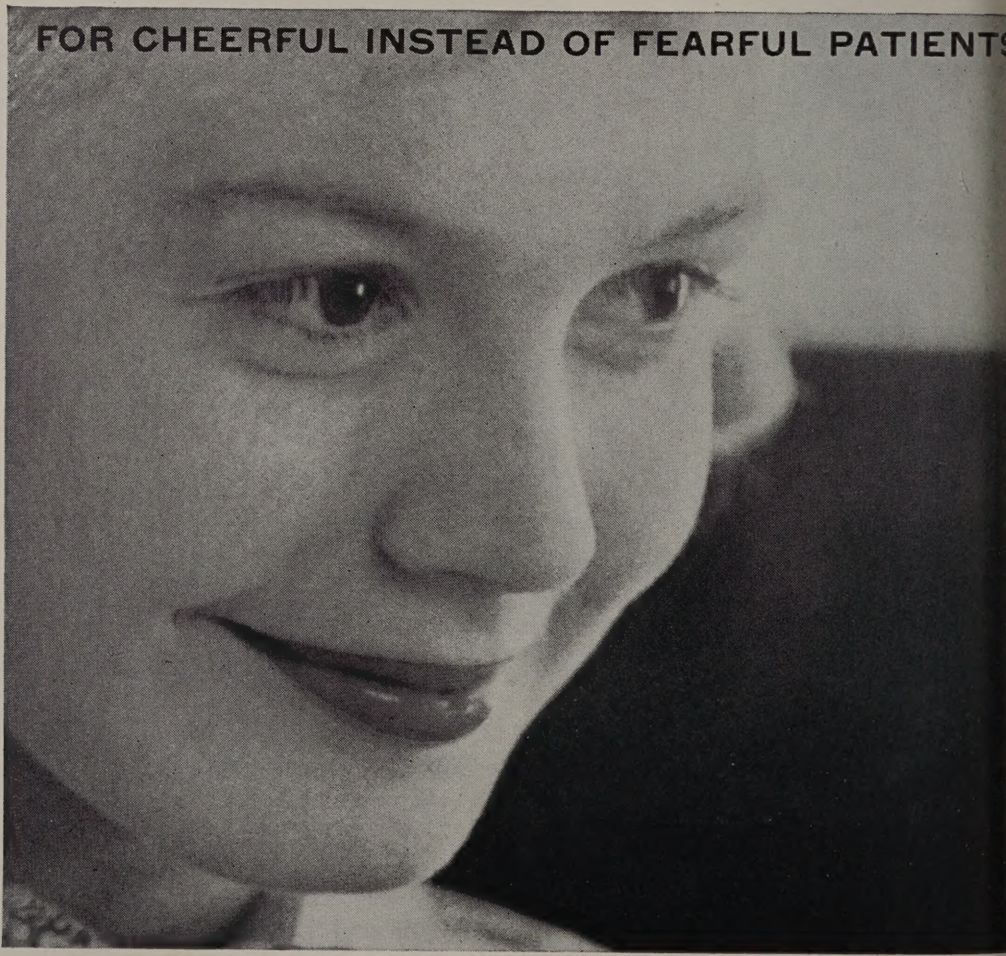

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Isuprel-Franol tablets bring
d-the-clock relief *plus* emergency
against sudden attack. Anxiety
s when patients know they'll get
f in 60 seconds — relief that con-
es for four hours or more.

rel HCl (10 mg. for adults, 5 mg.
hildren), the most potent broncho-
tor known, makes up the outer
ng. In a sudden attack, the patient
the tablet under his tongue. Relief
s in 60 seconds. A unique feature
e "flavor-timer." As the Isuprel is
rbed a lemon flavor appears. When
appears—about five minutes later
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nexcelled combination for pro-
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rel-Franol tablets are "... effec-
in controlling over 80% of
nts with mild to moderate
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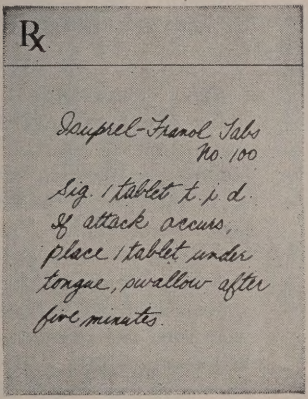
mer, J. L., and DeRisio,
Lahey Clin. Bull. 10:45,
ec., 1956.



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place 1 tablet under
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ISUPREL-FRANOL Mild tablets (Isuprel HCl 5 mg.) for children:

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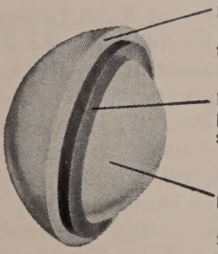
Bottles of 100 tablets.

"Flavor-timer" signals patients when to swallow tablets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Immediate effect sublingually – for emergency use
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Activities of Woman's Auxiliary . . .

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(See Page 5 for roster of officers.)

DISTRICT 1

The Woman's Auxiliary to the Hamilton County Medical Society was host to doctors' wives from seven neighboring counties at a meeting of the First District of the Woman's Auxiliary to the Ohio State Medical Association on November 19 at the Hotel Sinton. Mrs. V. R. Frederick, state president; Mrs. G. T. Harding III, third vice-president; and Mrs. Herbert Warm, director of District 1, spoke. The meeting was followed by the regular luncheon of the local auxiliary and a talk by Miss Venita Kelly, fashion editor of the *Cincinnati Post*. In the evening, auxiliary members were their husbands' guests at the meeting of the Cincinnati Academy of Medicine for a symposium on estate planning.

Forty-two members who volunteered two weeks of concentrated work as notaries for disabled voters in eight Greater Cincinnati hospitals were honored at a post-election tea at the home of their chairman, Mrs. John D. Marioni.

New members assembled for a coffee hour and orientation meeting at which auxiliary officers, directors, and committee chairmen interpreted for them the aims and activities of the organization. Three informal gatherings of this kind are planned by the New Members Orientation Committee, headed by Mrs. Clark S. Fitzmorris.

Sale of Christmas cards to benefit the AMEF was again conducted this year.

DISTRICT 2

The Woman's Auxiliary to the Clark County Medical Society was hostess to District 2 on October 24, for a luncheon at the Springfield Country Club. Mrs. Harvey J. Staton, director, was the presiding officer for the day.

Mrs. V. R. Frederick, state president; Mrs. M. J. Towle, corresponding secretary; and Mrs. Morton Block, Chairman, *Today's Health* were the state officers attending the meeting. Total attendance for the day was 53—36 from Clark County; 10 from Montgomery; 5 from Champaign; 2 from Miami.

Dr. John Stauffer, dean of men, Wittenberg College and president of the community welfare council, was the guest speaker, his topic being "Mental Health."

Mrs. A. T. Anton and Mrs. George Fitzgerald, Jr., were in charge of arrangements. Program committee consisted of Mrs. J. F. Harley, Mrs. C. W. Hullinger, Mrs. S. C. Yinger and Mrs. H. B. Elliott.

DISTRICT 3

The Third District Woman's Auxiliary to the Ohio State Medical Association met at the Findlay Country Club for lunch on October 9.

Following the luncheon, Mrs. Ralph Rasor, president of Hancock County, welcomed the members. A musical program was presented by Allen Dudley and Mrs. William H. O'Brien. Mrs. Rasor then introduced the state officers as follows: Mrs. V. R. Frederick, president; Mrs. W. R. Gibson, president-elect; Mrs. M. J. Towle, corresponding secretary; Mrs. Karl Ritter, parliamentarian; Mrs. Warren Mills, American Medical Education Foundation; Mrs. Myron Thomas, members-at-large; Mrs. Stephen P. Churchill, director of District 3; Dr. J. R. Jarvis, advisory board. Dr. Jarvis is serving his fifth year as a member of the three-man board of advisors to the State Auxiliary.

Mrs. V. R. Frederick was the guest speaker. She urged each county to reappraise its own organization, remembering the word, MOPS—Methods for effective, Objectives, Projects, and Service. She stressed the importance of the American Medical Education Foundation.

Mrs. Walter Galbreath was chairman for the luncheon and was assisted by Mrs. Robert T. Miller and Mrs. Robert Traul.

DISTRICT 6

Stark County was hostess to 140 district auxiliary members on October 23 when the annual sixth District Meeting was held in Canton. Following registration and coffee, a luncheon and style show were held in the private rooms of a local restaurant. The women then met their husbands for a reception given by the Bowman Brothers Drug Co. before the evening banquet.

Mrs. Richard Spitzer, Stark County president, welcomed the guests and introduced Mrs. George Wilcoxon, Sixth District director, who in turn presented the State Officers and Board members present. Mrs. V. R. Frederick, State President, gave a short talk concerning the aims of the Auxiliary for the coming year.

DISTRICT 8

The Woman's Auxiliary to the Washington County Medical Society entertained 45 members at the annual Eighth District Auxiliary, October 3 at Hotel Lafayette.

Highlighting the meeting was a fashion show presented by Hanes. Models were from the Marietta Welfare League.

Mrs. T. R. Mattocks, Washington County president, introduced Mrs. Frederick James, Eighth District director of Lancaster, who in turn introduced Mrs. V. R. Frederick, state president. Mrs. Frederick urged support of *Today's Health*, the American Medical Educational Foundation, driving education in the schools and distribution of health wallet cards.

Mrs. S. L. Meltzer of Portsmouth, 1st vice-president of the State Auxiliary and advisor to the Eighth and Ninth Districts, spoke about her

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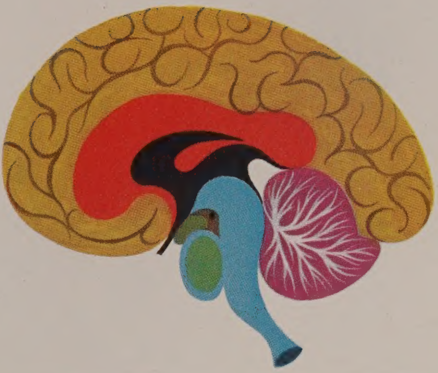
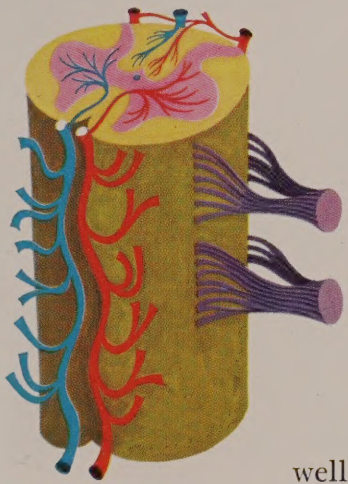
without impairing mental or physical efficiency





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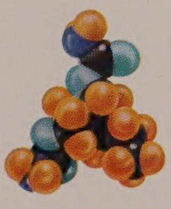

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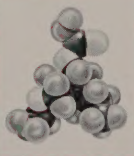

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Belafsky, H. A., Breslow, S. and Shangold, J. E.: Meprobamate in pregnancy. Obst. & Gynec.* **9*:703, June 1957.*

duties. Mrs. Myron Thomas, chairman of members-at-large discussed AMEF and members-at-large. Mrs. Thomas also passed the $85.00 East hat belonging to Mrs. David Thomas from Pennsylvania. This is the hat that has collected so much money for AMEF.

Mrs. Deane Northrup was chairman of arrangements, assisted by Mrs. N. M. LaBarre, Mrs. Edgar Northrup and Mrs. Ford Eddy.

A cocktail and dinner party held at the Marietta Country Club (with doctor husbands) concluded a very successful meeting.

DISTRICT 9

Fifty-two doctors' wives, including 24 from Scioto County, were present for the annual meeting of District 9, held at Lake White Club.

Mrs. George W. Cooper of Waverly, 9th District director, presided at the afternoon luncheon meeting at which members of the Pike County Auxiliary served as hostesses.

The State President, Mrs. V. R. Frederick of Urbana, was the main speaker. Dr. Carter L. Pitcher of Portsmouth, advisory committee member, also gave a short talk. Other brief talks were made by Mrs. Samuel Meltzer, Mrs. M. J. Towle, Mrs. Myron Thomas and Mrs. Walter Kramer.

Scioto, Pike, Lawrence, Meigs, Gallia, Vinton, Hocking and Jackson counties comprise District 9. The Auxiliary presidents also spoke briefly. They were Mrs. A. M. Shrader of Pike, Mrs. Charles Gallagher, Lawrence; Mrs. John Cook, Jackson; and Mrs. Armin Melior of Scioto. Gallia County, which is not organized, had three members-at-large introduced.

A program of piano music was presented by Mrs. R. O. McFerrin. Special entertainment by Mr. and Mrs. Robert Hurth of Portsmouth demonstrated ballroom dancing and other special dances.

DISTRICT 10

The Woman's Auxiliary to the Delaware County Medical Society entertained the Union, Morrow, Knox, and Franklin County Auxiliaries on October 15 with a luncheon at the Mar-Jon Tea Room.

Judge Henry Robinson, who is associated with the Franklin County Hospital Federation, spoke on institutional phases of welfare work with particular reference to older and younger generations.

Mrs. V. R. Frederick, state president, outlined the aims of the Auxiliaries for the coming year and discussed special recommendations from the American Medical Association.

Mrs. D. L. Gantt, local president, conducted a short business meeting and state conference reports were given. Mrs. E. C. Jenkins and Mrs. Walter Kramer of Chillicothe, director of District 10, were in charge of arrangements for the day.

* * *

BUTLER COUNTY

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Oxford were introduced as new members of the Woman's Auxiliary to the Butler County Medical Society on October 22, at a luncheon at Eaton Manor in Hamilton.

Speaker for the afternoon was Mrs. Muriel Allen, executive director of the Hamilton Senior Citizens Center. Mrs. Allen described the founding of the center in 1954 and its growth to an expected membership of 800 by the end of this year. Hamilton members act as hostesses at the center at intervals throughout the year.

Luncheon arrangements were in charge of Mrs. Carl Leyrer, Mrs. Ralph Leyrer, Drs. David Zensky, Mrs. Richard Mense and Mrs. Judd Uhl.

DELAWARE COUNTY

A nurse recruitment tea, sponsored by the Delaware County Auxiliary, was held on October 31 in the lounge of the nurses' residence of Jane M. Case Hospital. Twenty-two students were present, representing Elm Valley, Willis and Olentangy High Schools.

Mrs. C. Hoffman, director of nurses, and Richard Claar, superintendent of Jane M. Case Hospital, spoke to the group and conducted a tour through the new addition to the hospital.

Hostesses for the tea were Mrs. E. C. Jenkins and Mrs. M. L. Livingston.

MAHONING COUNTY

Keyed to the gaiety of the season was an informal dance and fall frolic held by the Mahoning County Auxiliary on November 2 in the ballroom of Hotel Pick-Ohio. The occasion was the annual benefit staged for the benefit of the nurses' scholarship fund. Sharing in the benefit also will be the American Medical Educational Foundation.

Heading the hostess committee was Mrs. Robert Tornello, chairman, assisted by Mrs. Harold Chevlen, Mrs. A. A. Detesco, Mrs. Gene Fry, Mrs. A. W. Geordan, Mrs. Louis Zeller, Mrs. Wayne Agey and Mrs. Fred Schellhase.

SUMMIT COUNTY

The Summit County Medical Auxiliary held a luncheon meeting on November 5 at the Smorgasbord in Stow. Mrs. Frederick Sterbenz was the speaker. Mrs. Sterbenz is a former newspaper woman who has traveled in Europe, the Orient, Mexico and Panama with her husband who is the foreign editor of the *Cleveland Press.* The title for her talk was "Under Your Hat" in which she displayed six hats from a different period and with a different story. Mrs. Henry Allison, program chairman, introduced the speaker.

Following the talk, Mrs. R. R. Pliskin, president, presided for the business meeting.

RICHLAND COUNTY

Forty-eight members of the Richland County Auxiliary met for luncheon at the Women's Club on November 4. Mrs. Milton Oakes introduced the speaker, Miss Jane Magruder, information representative for the Ohio Fuel Gas Co. Miss Magruder's topic was "Wonderland" and told how nature changed prehistoric plant and animal life into natural gas and how man now turns natural gas into useful products for modern living.

Following the program, a business session was conducted by Mrs. Paul Lee, president. Various committee reports were given. Mrs. Frank Ternocky reported on recent legislation; Mrs. Robert Tawsee, Nurse Recruitment chairman, reported on a project of the Future Nurses Club to defray expenses for field trips. Mrs. Carl Damron reported on Ways and Means.

Hostesses for the day were Mrs. Joseph Seibert, Mrs. Russell Long, Mrs. Charles Curtis and Mrs. Robert Harsh.

Ophthalmology Course Scheduled At Ohio State University

The Department of Ophthalmology, Ohio State University College of Medicine, is presenting a postgraduate course in ophthalmology on Monday, March 3, and Tuesday, March 4. The program begins with registration at 8 a. m. in the Ohio Union Building, OSU Campus.

Registration may be made by writing: William H. Havener, M. D., Department of Ophthalmology, University Hospital, Columbus 10, Ohio. Fee is $20.

A program has been planned for ladies who accompany their husbands to Columbus.

The program for the course includes the following speakers and topics:

"Intraocular Malignant Melanoma," Dr. Havener.

"Intraocular Diseases Simulating Melanoma," Dr. Algernon B. Reese, New York City.

"Enucleation, Evisceration, Extenteration," Dr. F. Bruce Fralick, University of Michigan.

"Incidence of Unsuspected Melanoma," Dr. Torrence A. Markley, Ohio State University.

"Stereoscopic Indirect Ophthalmoscopy for the Diagnosis of Intraocular Tumors," Dr. Charles L. Schepens, Boston, Mass.

"Surgical Errors in the Management of Tumors," Dr. Fralick.

A dinner meeting will be held at 6:30 p. m. Monday with the Columbus Academy of EENT, following which Dr. Reese will speak on "Orbital Tumors."

Tuesday morning's program will begin at 8:00 a. m. with a movie on embryology of the eye. Topics and speakers for Tuesday are:

"Principles of Lid Surgery," Dr. Fralick.

"Radiotherapy of Eye Lesions," Dr. Reese.

"Retinal Detachment," Dr. Schepens.

"Retinoblastoma Inheritance," Dr. Madge T. Macklin, Ohio State University.

"Retinal Detachment," Dr. Schepens.

"Sinus Neoplasms," Dr. William H. Saunders, Ohio State University.

Inflation and Medical Costs . . .

What Has Been the Effect of Inflation on the Costs of Medical Care, Hospital Care, Physicians' Fees, and Costs of Numerous Other Services?

PHYSICIANS, as well as all citizens, should —must—be interested in the alarming problems caused by inflation which are now the subject of study by government officials and of conversation whenever people get together.

What has been the effect of inflation on the costs of medical care, costs of hospital care, costs of doing business, physicians' incomes, costs of other services which the average citizen purchases day by day?

An excellent article, "Inflation and Medical Care" appeared in the October, 1957, issue of *The Journal of the AMA*. Thinking that perhaps some of its readers may have missed the article, *The Journal of the OSMA* is reproducing it here, hoping that all who have not read this thought-provoking analysis of a critical situation will do so:

* * *

TEXT OF ARTICLE

Since medical care and those who deliver it are integral parts of the American economy, it is well to take stock of the position of medical care in the current inflationary spiral. This period of inflation started in 1940 and continued through and after World War II, through the Korean war, and down to the present time with only minor interruptions.

Five historical comparisons reveal the relative degree of inflation in the medical care sector: (1) commodity versus service price indexes, (2) medical care indexes versus the entire Consumer Price Index, (3) changes in the absolute and relative amounts of personal consumption expenditures for medical care, (4) changes in the percentages of one week's wages required to purchase a fixed amount of medical care, and (5) comparisons of the rate of increase in the average level of incomes of physicians with those for all gainfully employed persons.

During World War II the national debt increased from about 50 billion to 280 billion dollars in the form of government bonds; from the standpoint of their inflationary effects, these bonds may be regarded as greenbacks bearing interest.

As has been true in earlier war cycles, prices of commodities and services were higher after World War II than they were during the war. Moreover, in a long inflationary period there is always a tendency for the prices of commodities to rise first and the prices of services to lag behind and rise later. It would be expected then that medical care prices in this long period would rise more slowly at first and more rapidly later. This is precisely what has happened.

SERVICE PRICES STILL LAG

Consumer price indexes of the United States Bureau of Labor Statistics covering all the commodity prices which are included in the sample stood at 208.2, or 108 per cent above the 1935-1939 level in 1956; on the basis of the 1947-1949 level, the index was 109.8.

The important point to observe, however, is that this 1956 index for all commodities (excluding services) on the basis of the long period was 208 as compared with only 194 for the entire (including services) Consumer Price Index; but on the basis of what has happened since 1949, this index for 1956 was a seemingly modest 109.8 as compared with the Consumer Price Index of 116.2. On the other hand, the index for all services (excluding commodities) on the basis of what has happened since 1940 was 185.2 in 1956, or less than the Consumer Price Index of 194.3. But on the basis of what has happened since 1949 only, the short-run period, the index for all services was 135.1, or definitely higher than the Consumer Price Index on this short-run basis. One can conclude, therefore, that on the basis of the entire inflationary period commodity prices have risen a good deal more than service prices, 208 over 185; the latter are still in the "catching up" stage.

LANGFORD ARTICLE

This lag in service prices, and in medical care prices in particular, is stressed in an article by Elizabeth A. Langford[1] of the U. S. Bureau of Labor Statistics in the September issue of the *Monthly Labor Review*, the official publication of the U. S. Department of Labor. In a summary of the changes in the two decades she states (page 1053):

"Medical care prices followed about the same pattern as those for all services. Thus, at the end of 1956, the prices of services, including medical care, had almost regained the relationship they held with the prices of commodities in the midthirties. Since the Consumer Price Index measures price changes relative to 1947-49, the base period, the fact that medical care prices had advanced relatively slowly during the previous decade is likely to be ignored. Moreover, comparison of the medical care index with the all-items index or with the indexes for the major groups conceals the fact that the movement of medical care prices has been similar to that for other services combined."

COSTS OF SERVICES COMPARED

Her phrase "had almost regained," a general observation, is stated in terms of 1956 index numbers in the paragraph above—208 for commodities versus 194 for all items, and 185 for services versus 194.

In order to emphasize changes in various service prices, the same author lists the following percentage increases between 1936 and 1956: hospital room rates, 265 per cent; men's haircuts, 221 per cent; shoe repairs, 135 per cent; movie admissions, 114 per cent; public transportation, 113 per cent; laundry service, 108 per cent; automobile repairs, 84 per cent; dentists' fees, 82 per cent; general practitioners' fees; 73 per cent; surgeons' fees, 60 per cent.

THE MEDICAL CARE INDEXES

For 1956 the group of indexes classified as medical care and drugs (mostly services) stood at 184, or approximately 10 points below the entire Consumer Price Index on the long-time basis. On the other hand, on the basis of inflation since 1949 the index for medical care and drugs stood at 132.6, or 16 points above the entire Consumer Price Index. Thus, in the long-run period of inflation, the 1956 index of medical care and drugs was 10 points below the Consumer Price Index but 16 points above for the short-run period since 1949. So in the area of medical care and drugs the long-time lag in service prices is still evident.

The Bureau of Medical Economic Research of the American Medical Association has prepared a publication which presents these and other breakdowns of the indexes on both the 1935-1939 and the 1947-1949 base periods.[2] In the remainder of this review of inflation and medical care, comparisons will be confined to the long-run period because this inflationary period began in 1940 and not in 1949, as most adults know. Most monthly press releases on changes in the Consumer Price Index stress the changes since 1949 and present only one index for the entire medical care field.

SUBINDEX ITEMS

In relating medical prices to inflation, comparisons of some of the subindexes under medical care and drugs with the entire Consumer Price Index of 194.3 in 1956 have somewhat more significance to the members of the medical profession.

The indexes of physicians' fees included in the sample developed by the U. S. Bureau of Labor Statistics were below that of the Consumer Price Index for 1956 with the single exception of the fee for an "obstetric case." This particular index stood at 218.1 in 1956, or 24 points above the entire Consumer Price Index. There has been an enormous increase in the number of births, the actual increase since 1945 being from 2,700,000 to 4,100,000. From a strictly supply and demand standpoint, one would expect a higher rise in such fees than in other medical fees generally. Moreover, there are some who contend that medical fees for an obstetric case were at an unusually depressed level before World War II when the birth rate was very low and the obstetric case package contained fewer prenatal services. Whatever the explanations may be, the index for fees for an obstetric case stands out as the only exception to the general rule that the indexes for physicians' fees in 1956 were below the entire Consumer Price Index. The 1956 index for general practitioners' fees was 172.6; for an office visit, 172.6; for a house visit, 160.9; for an appendectomy, 155.0; and for a tonsillectomy, 164.9.

HOSPITALS AND MORE BABIES

The greatest change in the medical care field, however, has come in the index of hospital room rates, which stood at 356 for 1956. During this long period of inflation hospitals have been unusually exposed to the inflationary forces, particularly in the matter of wages and salaries. Moreover, the change from an average of one employee per patient to two employees per patient has harried many administrators of our voluntary hospitals. Both the quality and quantity of hospital services have changed considerably since 1940.

The indexes of dentists' fees, like those for physicians' fees, have also stayed well under the level of the Consumer Price Index. Our conclusion regarding the movement of prices in the medical care field is that these prices, to the extent indicated by the indexes, have behaved rather favorably for consumers, with the two exceptions noted. (Preliminary estimates of the medical care subindexes for midyear 1957 suggest that the 1956 relationship between them and the Consumer Price Index continues. Also, the index of service prices is still lagging behind the index for all commodities.)

INFLATION AND OTHER EXPENSES

In the third place, the influence of inflation is also manifested in the expenditures which consumers make for medical care and for all other items. According to the United States Department of Commerce personal consumption expenditures during 1956 for medical care totaled $12,106,000,000. In both 1955 and 1956 the total expenditures classified as those for hospital services exceeded those for services of physicians; the amounts for 1956 were $3,451,000,000 for hospitals and $3,269,000,000 for physicians' services. Again it must be stressed that the great increase in the number of births and the upward trend in the proportion of all babies born in hospitals has been a very powerful factor in increasing expenditures for both services.

The members of the medical profession do not need to be reminded that pregnancy is not a disease. Reproduction does involve medical care expenditures, but it is obvious that increases in such expenditures do not indicate a deterioration in the health of the American people. The same government source also reports considerably greater 1956 expenditures for recreation than for all forms of medical care and considerably higher expenditures for such items as alcoholic beverages or tobacco than for either physicians' services or hospital services. In fact, even the expenditures for personal care exceeded those for hospital services.

LESS OF EACH DOLLAR PAID PHYSICIANS

Even more meaningful than dollars of expenditure are the percentages of personal consumer expenditures devoted to these different items. The 1956 percentage for all medical care items was 4.5 as compared with 4.4 per cent in 1955. The actual proportion for physicians' services alone was 1.2 in both years, whereas there was an increase from 1.2 to 1.3 per cent for hospital services. Within the medical care field these expenditures can be better compared by treating the total expenditures for all medical care as 100 cents, the medical care dollar. The proportion of the medical care dollar being paid to physicians has declined steadily from 1929,when it was 32.7 cents, to 27.2 cents in 1955 and 27.0 cents in 1956. On the other hand, the proportion of the medical care dollar spent for hospital services has climbed rapidly from 13.7 cents in 1929 to 27.7 cents in 1955, and to 28.5 cents in 1956. Likewise, the dentists' share has steadily declined over this same interval of time.

So the general conclusion as regards the proportion of the so-called consumer budget going for medical care is that the hospitals' share has been steadily rising until it was actually the largest share in both 1955 and 1956 and the physicians' share and the dentists' share have been steadily declining. During this period of time, medical progress has occurred at an exceedingly rapid rate and the improvements in the care of patients could scarcely have been achieved without some increase in the proportion of the consumer's dollar going for hospital services.

WAGE SHARE FOR MEDICAL CARE

For employees of industrial establishments who think in terms of weekly wages this story of the relationship of inflation to medical care can be presented in still another manner, the fourth comparison. Suppose that a physician's fee for a dozen office visits or a dozen house visits would have cost an entire week's wages before World War II. The important question to the wage earner is whether the same amount of medical service would cost more than a week's wages today or less than a week's wages. For physicians' fees the answer for 1956 is 48 per cent of a week's wages and 61 per cent for an obstetric case. The same number of days in a hospital which would have cost a full week's wages in 1935 to 1939 would have cost 99 per cent of a week's wages in 1956. Since such comparisons do not make allowances for the great increase in taxation, particularly in the taxes deducted from the weekly pay envelope, the standard of comparison here might be considered on a basis of the entire Consumer Price Index—say, a "market basket" containing the proper number of units of each of the items which are priced in the development of the Consumer Price Index. That standard of comparison for 1956 was 54 rather than 100 per cent, and those items which required more than 54 per cent of a week's wages may be considered as having been less favorable in the cost to the consumer.

PHYSICIANS' INCOMES

Turning now to the physician rather than the patient for the fifth comparison, we find that according to the U. S. Department of Commerce the average level of physicians' incomes in the United States was 122 per cent higher in 1951 than in 1929. The average level of incomes of all gainfully employed was 125 per cent higher. Thus during a much longer period of time the incomes of physicians and the incomes of all gainfully employed people have moved up at about the same pace. The United States Department of Commerce does not regard the studies it made of the incomes of physicians immediately before World War II as sufficiently detailed and comprehensive to provide a standard of comparison with the present levels. But that agency has made estimates for the years since 1951 and these, like the data for 1929 and 1951, show that this trend is continuing.

Other and more detailed comparisons could be made, but these five historical comparisons of the extent of inflation in the medical care sector of our national economy indicate that this sector has performed reasonably well for the consumer. Many citizens are becoming worried about the extent of inflation. As citizens, physicians should not be content to rest on their oars but should participate in discussions in their communities on ways and means to stem this dangerous inflationary tide.

Some community leaders are already suggesting buyers' strikes like those of 1919; others are urging local groups to petition the federal government to curtail spending. But if these and other attempts fail and inflation continues, it behooves the members of the medical profession to continue their efforts to moderate the ravages of inflation in the medical care sector.

REFERENCES

1. Langford, E. A.: Medical Care in the Consumer Price Index, 1936-56, Monthly Labor Review 80:1053-1058, September, 1957.

2. Medical Care Expenditures and Prices, 1955, Miscellaneous Publication M-106B, Bureau of Medical Economic Research, American Medical Association, Chicago, 1956.

Ohio Is Well Represented at Conference Of Physicians and Schools

Ten Ohioans attended the Sixth National Conference on Physicians and Schools at Highland Park, Illinois, October 30 to November 2. The conference is sponsored biennially by the American Medical Association and its Bureau of Health Education.

Approximately 225 physicians, public health officials, educators, and representatives of related organizations participated in the discussions, which were this year directed to the subject of youth fitness and how it can best be achieved.

As in past conferences, the meeting was set up around four general sessions, a conference dinner, and a conference banquet. The majority of the work of the conference was accomplished by the ten discussion groups, each of which dealt with assignments connected with the general theme, as listed below:

The Physician and Youth Fitness;

Community Coordination for Youth Fitness;

Mental-Emotional Aspects of Fitness;

Dramatizing Basic Fitness Procedures;

Medical Guidance in Girls' Physical Recreation Activities;

Special Health Problems in Athletics;

Fitness of School Personnel;

Optimum Fitness for Youth With Special Health Problems;

Accident Prevention and Youth Fitness;

Food Factors in Fitness.

Detailed proceedings of the conference will be available after the discussion group reports have been edited.

Dr. Charles H. McMullen, of Loudonville, was to have officially represented the Committee on School Health of the Ohio State Medical Association and was scheduled to speak at the second general session. He was unable to attend due to illness, and this responsibility was assigned to Committee Secretary Hart F. Page. Mr. Page also served as recorder to the group studying the theme "The Physician and Youth Fitness."

Charles W. Edgar, Jr., administrative assistant of the OSMA edited the report of a subcommittee of the group which dealt with special health problems in athletics.

Others attending from Ohio were P. C. Bechtel, Ohio Department of Education; Dr. A. O. DeWeese, Kent State University; Florence L. Fogle, R. N., Ohio State University; Dr. Margot D. Hartmann, Ohio Department of Health; Helen Massengale, Ohio Department of Health; Delbert Oberteuffer, Ohio State University; Elena M. Sliepcevich, D. P. E., Ohio State University; and William K. Streit, Cincinnati Board of Education.

Dr. Ella G. Lupton, 95-year-old Gallipolis Physician, is chairman of the Christmas Seal Sales for Gallia County Tuberculosis and Health Association, an organization she founded in 1928.

Resolutions Regarding Death of Dr. George P. Swan

The following resolutions regarding the death of Dr. George P. Swan, Cambridge, former Councilor of the Eighth District, have been adopted by the Guernsey County Medical Society, having been compiled and submitted by a committee consisting of Dr. C. A. Craig, James A. Toland and J. W. Camp:

"Dr. George F. Swan was born Sept. 10, 1889, near Boden in Knox Twp., Guernsey County, O., the son of Mr. and Mrs. Thomas K. Swan, and died suddenly on Sept. 26, 1957.

"WHEREAS: Dr. George Swan, as the eldest son of God-fearing parents whose place of leadership in their rural neighborhood was indisputable, had an inborn sense of family and community responsibility. He early chose medicine and surgery as his career and set about securing an adequate education through his own efforts. Later, having attained that goal, he not only set an outstanding example of excellence scholastically and professionally, but unselfishly lent a hand to younger brothers and nephews following in his footsteps, as a result of which five doctors in all now have become servants to humanity.

"Dr. Swan's sense of responsibility also was evidenced in his service record in World War I, during which his time was devoted to surgery in the Navy Medical Corps. Opening his practice in Cambridge in 1919, he exerted an ever-widening circle of influence within the city, county and state throughout his lifetime. Fully appreciative of the merits of education, he had in recent years given unstintingly of his time and talents to Muskingum College. The city of Cambridge also profited from his participation in community ventures, many of which came to fruition as the direct result of his interest and financial backing.

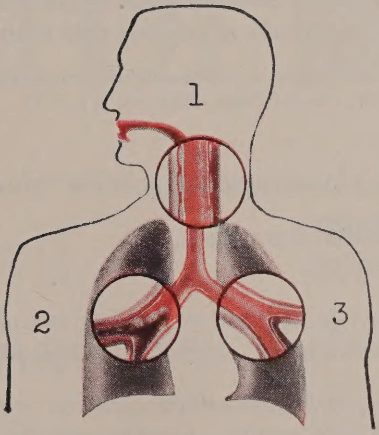
"As a medical doctor and skilled surgeon whose understanding of human frailties from both real and imaginary sources was especially keen, Dr. Swan set unusually high standards of gentlemanliness, ethics, sympathy and kindness in doctor-patient relationships, and his ability to point a moral through use of humorous anecdotes was a characteristic which will be long-remembered by his friends. Professionally, his counsel and advice within the medical organization were invaluable.

"THEREFORE BE IT RESOLVED by the members of the Guernsey County Medical Society that Dr. Swan was a cherished friend and respected colleague, in whose passing they share with his wife, Virginia McCarty Swan, his sister, brother, nieces and nephews, a sense of deep personal loss and profound regret, and they extend their heartfelt sympathy.

"FURTHER BE IT RESOLVED that a copy of these resolutions be spread on the minutes of the proceedings of the Guernsey County Medical Society, with additional copies to his wife, his brother, Dr. Raymond Swan, his sister, Mrs. Della McCall, and to the *Ohio State Medical Journal* for publication therein."

The Ohio Division of the American Cancer Society named Dr. Arthur G. James, Columbus, president. He was formerly vice-president. Dr. James is associate professor in the OSU Department of Surgery and Oncology, director of the Columbus Cancer Clinic and chairman of the OSMA Committee on Cancer.

breaks up cough*



* Drawing shows how 3-pronged attack of Pyribenzamine Expectorant with Ephedrine breaks up cough by: (1) reducing histamine-induced congestion and irritation throughout the respiratory tract; (2) liquefying thick and tenacious mucus; (3) relaxing bronchioles. Pyribenzamine Expectorant with Codeine and Ephedrine also available (exempt narcotic). Pyribenzamine® citrate (tripelennamine citrate CIBA). C I B A

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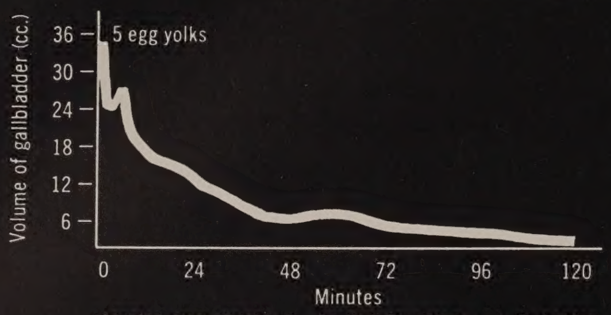

*Adapted from Wright, S.: Applied Physiology, ed. 8, London, Oxford University Press, 1947, p. 734.

What's wrong with the term "emptying of the gallbladder"?

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Source—Lichtman, S. S.: Diseases of the Liver, Gallbladder and Bile Ducts, ed. 3, Philadelphia, Lea & Febiger, 1953, vol. 2, p. 1177.

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MEDICINE—General Review Course, two weeks, May 12. Electrocardiography & Heart Disease, two weeks, Mar. 17 Gastroscopy & Gastroenterology, two weeks, Mar. 3. Hematology, one week, June 2. Gastroenterology, two weeks, Apr. 14.

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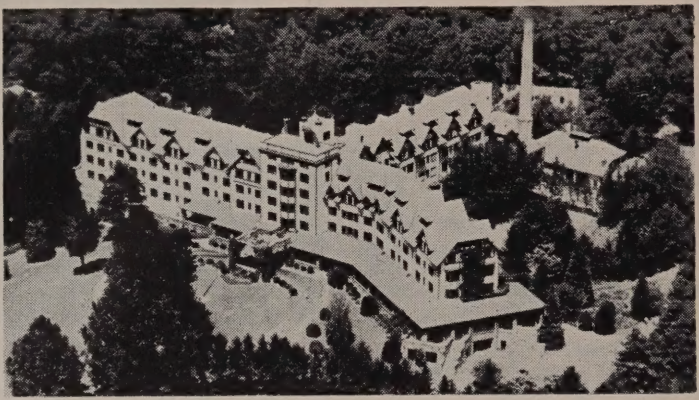

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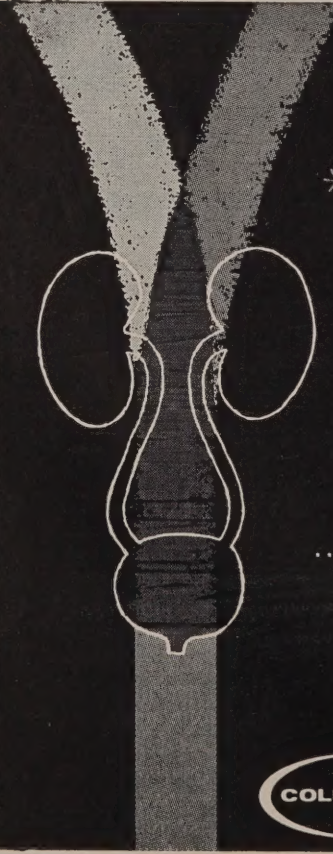

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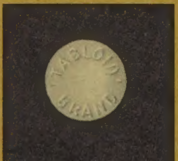

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The Ohio Academy of the History of Medicine will be held at the Taft Museum, Cincinnati, Saturday, April 26. Luncheon will be served at the University Club. Requests for presentation of papers at this meeting should be sent to Dr. Leon Goldman, and applications for exhibition of historical material should be sent to Dr. Robert H. Preston, both in the Carew Tower, Cincinnati.

At the time of this meeting, the annual Spring Exhibit of the Ohio Historical and Philosophical Society will be displayed at the Taft Museum. In addition, there will be an exhibit of selected materials from the David Tucker Library of History of Medicine at the College of Medicine.

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New Executive Secretary of Ohio State Nurses' Association Assumes Duties

New executive secretary of the Ohio State Nurses Association is Miss Dorothy A. Cornelius, R. N., who has recently been assistant director of the Cleveland Regional Blood Center of the American Red Cross. Headquarters of the 11,000-member organization is at 904 E. Broad Street in Columbus.

Miss Cornelius is a graduate of Conemaugh Valley Memorial Hospital, Johnstown, Pa., has a B. S. degree in nursing education from the University of Pittsburgh and has done graduate work at the University of Pittsburgh.

For the past eight years she has been with the American Red Cross, formerly as chief nurse for the Johnstown, Pa., Regional Blood Center. She accepted transfer to the Cleveland center in March, 1952, and in November of the same year was promoted to assistant director, and became the only nurse in the country to hold a similar position.

During World War II, Miss Cornelius served with the Navy Nurses' Corps in the grade of lieutenant junior grade.

As executive secretary, Miss Cornelius succeeds Miss Celia Cranz, R. N., who retired to reside on the family farm in the Akron area after serving in that post since 1954.

A seminar on "Pathology of the Male Perineal Organs," was presented by the Southwestern Ohio Society of General Physicians at the Sheraton-Gibson Hotel, Cincinnati on November 24.

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REFERENCES:

(1) Petersdorf, R. G.; Bennett, I. L., Jr., & Rose, M. C.: *Bull. Johns Hopkins Hosp.* 100:1, 1957. (2) Yow, E. M.: *GP* 15:102, 1957. (3) Altemeier, W. A., in Welch, H., and Marti-Ibanez, F., ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 629. (4) Kempe, C. H.: *California Med.* 84:242, 1956. (5) Spink, W. W.: *Ann. New York Acad. Sc.* 65:175, 1956. (6) Rantz, L. A., & Rantz, H. H.: *Arch. Int. Med.* 97:694, 1956. (7) Wise, R. I.; Cranny, C., & Spink, W. W.: *Am. J. Med.* 20:176, 1956. (8) Smith, R. T.; Platou, E. S., & Good, R. A.: *Pediatrics* 17:549, 1956. (9) Royer, A.: Scientific Exhibit, 89th Ann. Conv. Canad. M. A., Quebec City, Quebec, June 11-15, 1956. (10) Bennett, I. L., Jr.: *West Virginia M. J.* 53:55, 1957. (11) Altemeier, W. A.: *Postgrad. Med.* 20:319, 1956. (12) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (13) Metzger, W. I., & Jenkins, C. J., Jr.: *Pediatrics* 18:929, 1956. (14) Woolington, S. S.; Adler, S. J., & Bower, A. G., in Welch, H., and Marti-Ibanez, F., ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 365. (15) Waisbren, B. A., & Strelitzer, C. L.: *Arch. Int. Med.* 99:744, 1957.

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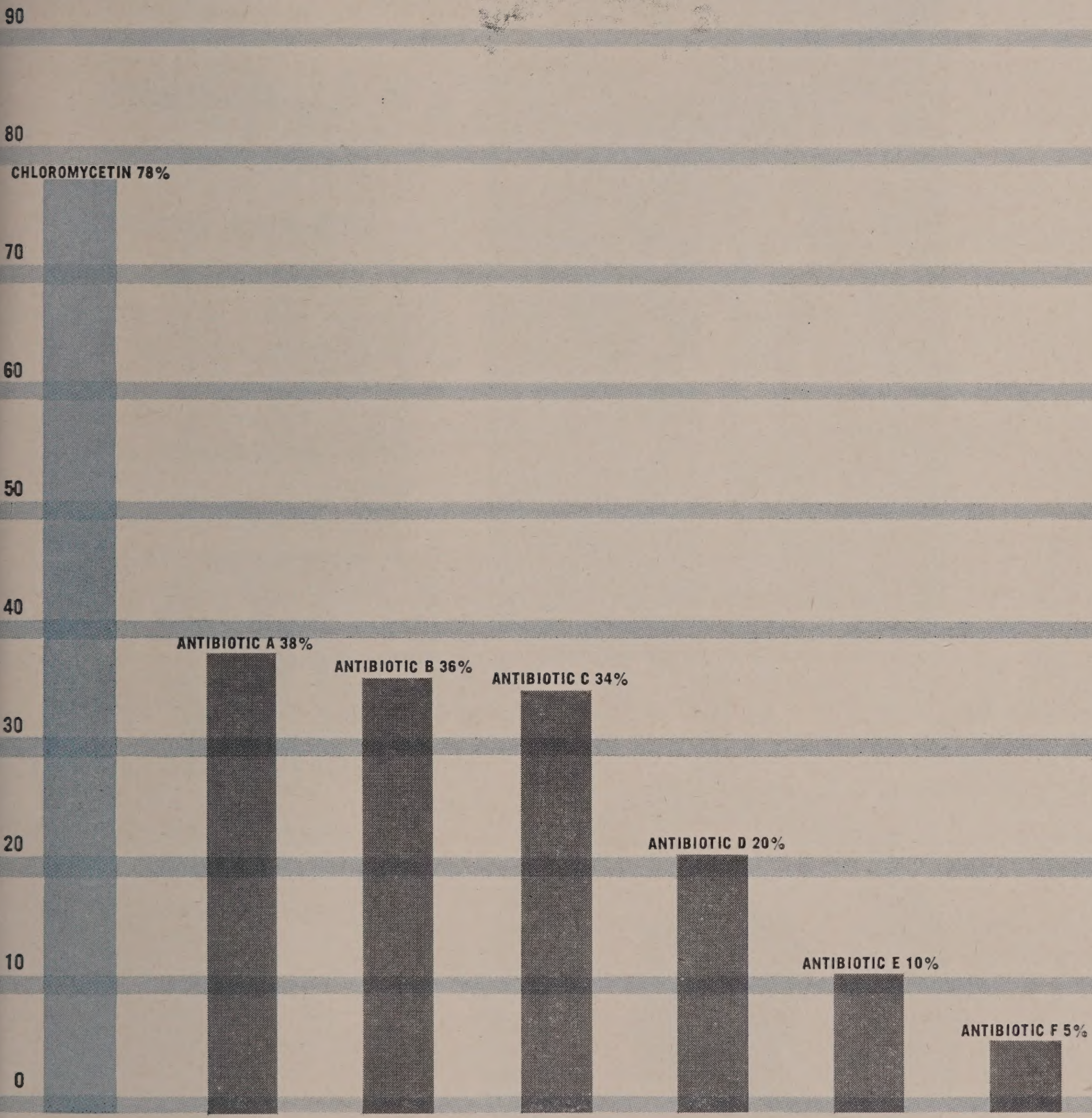

*This graph is adapted from Waisbren and Strelitzer.[15] It represents *in vitro* data obtained with clinical material isolated between the years 1951 and 1956. Inhibitory concentrations, ranging from 3 to 25 mcg. per ml., were selected on the basis of usual clinical sensitivity.

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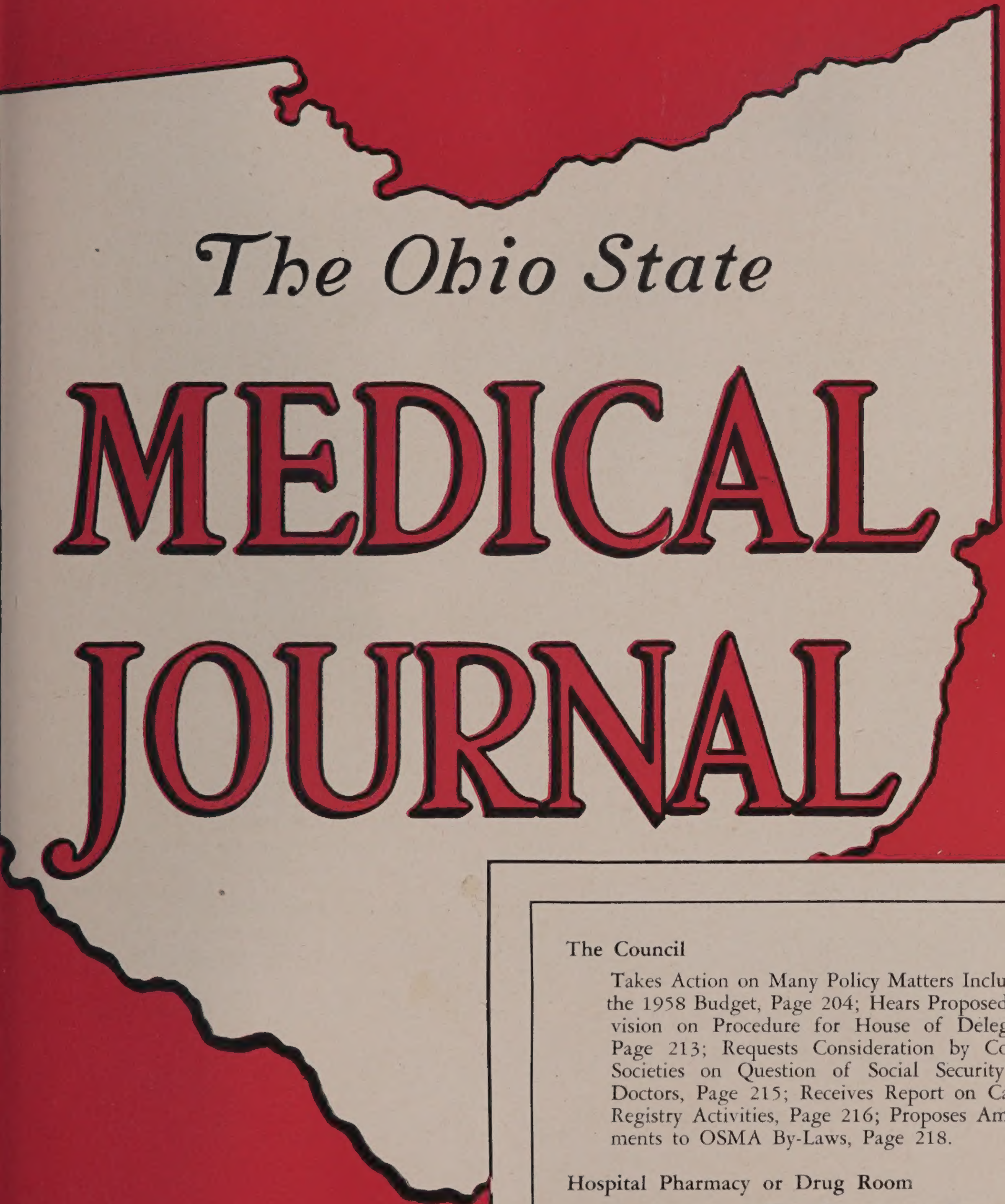

The Ohio State MEDICAL JOURNAL

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★

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The Ohio State Medical Journal

Vol. 54 February, 1958 No. 2

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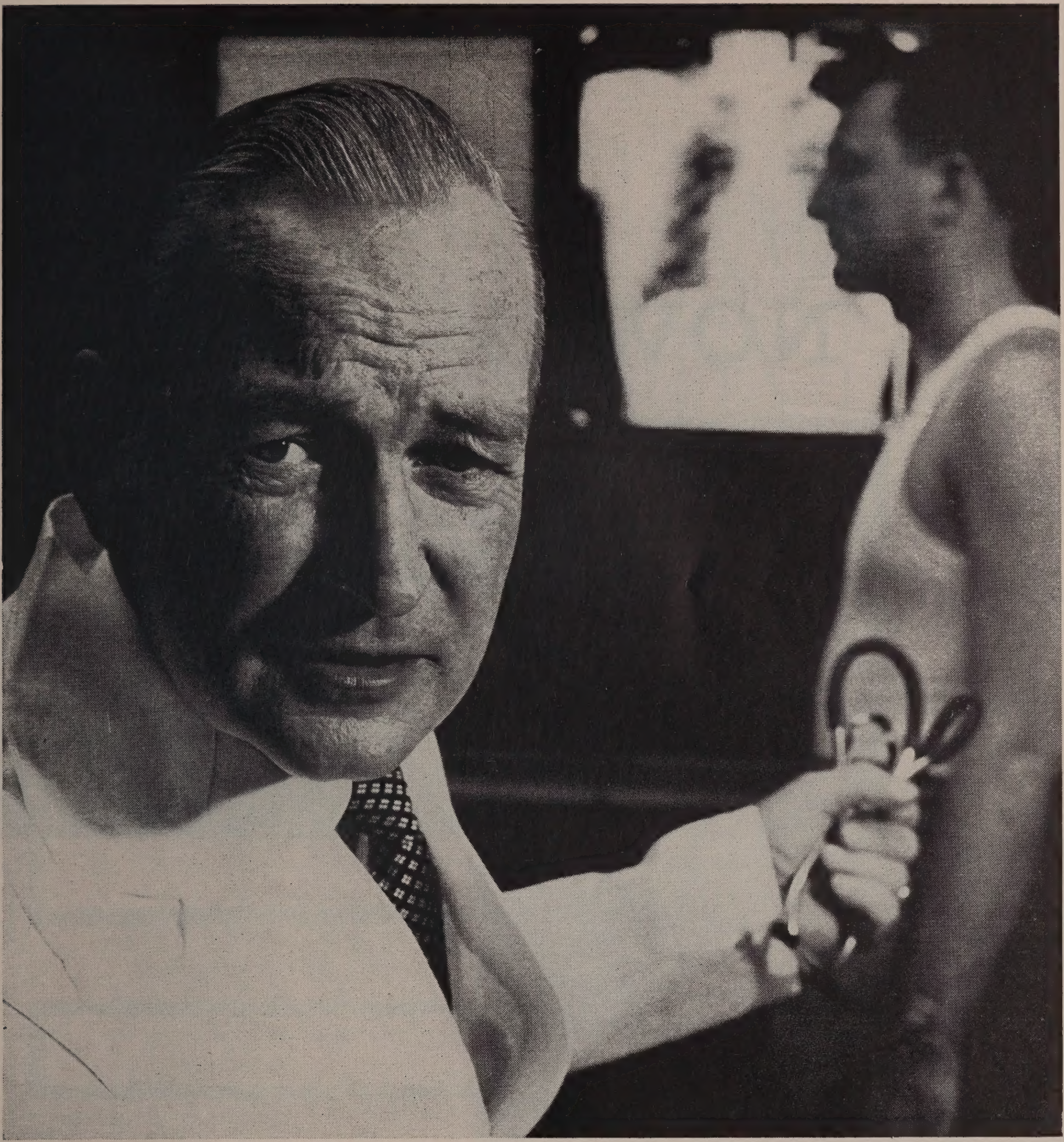

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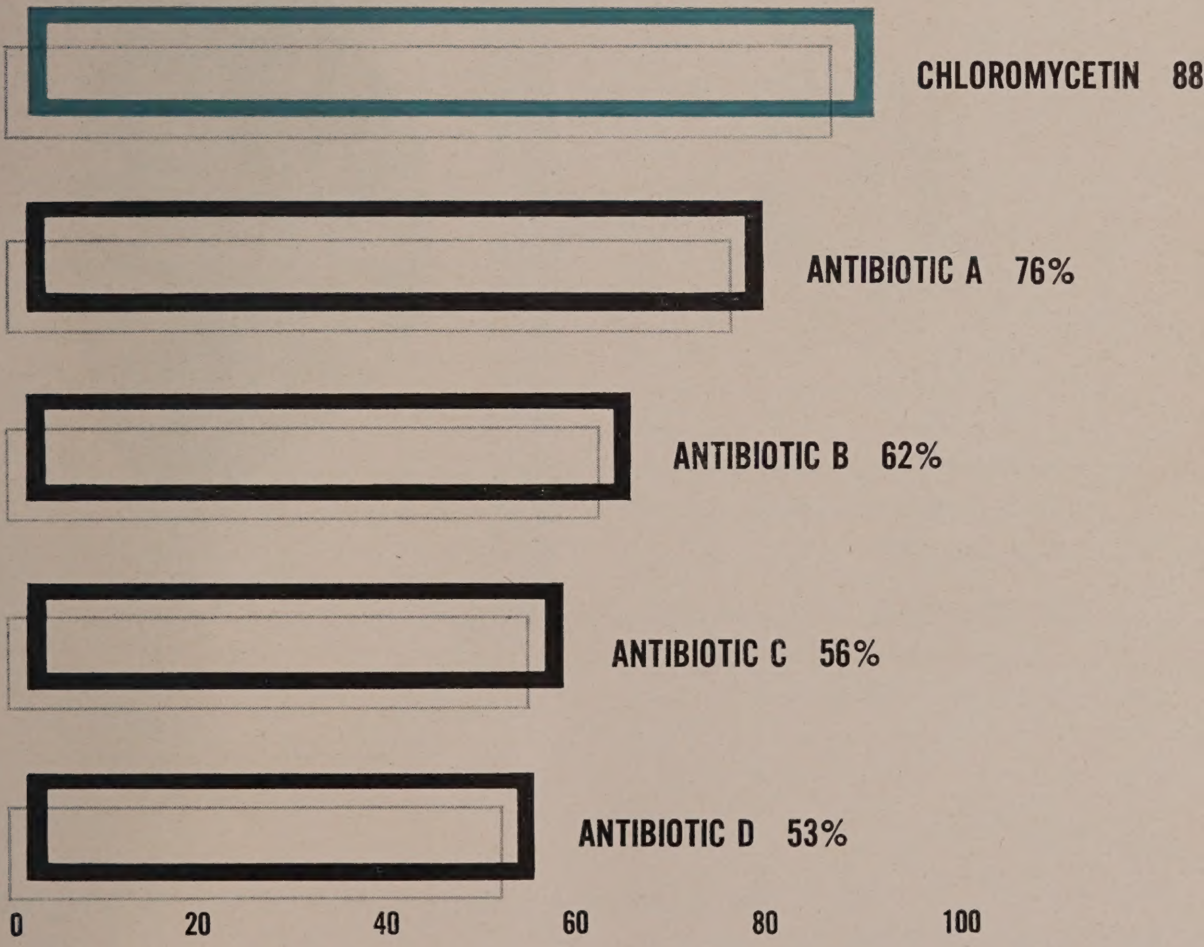

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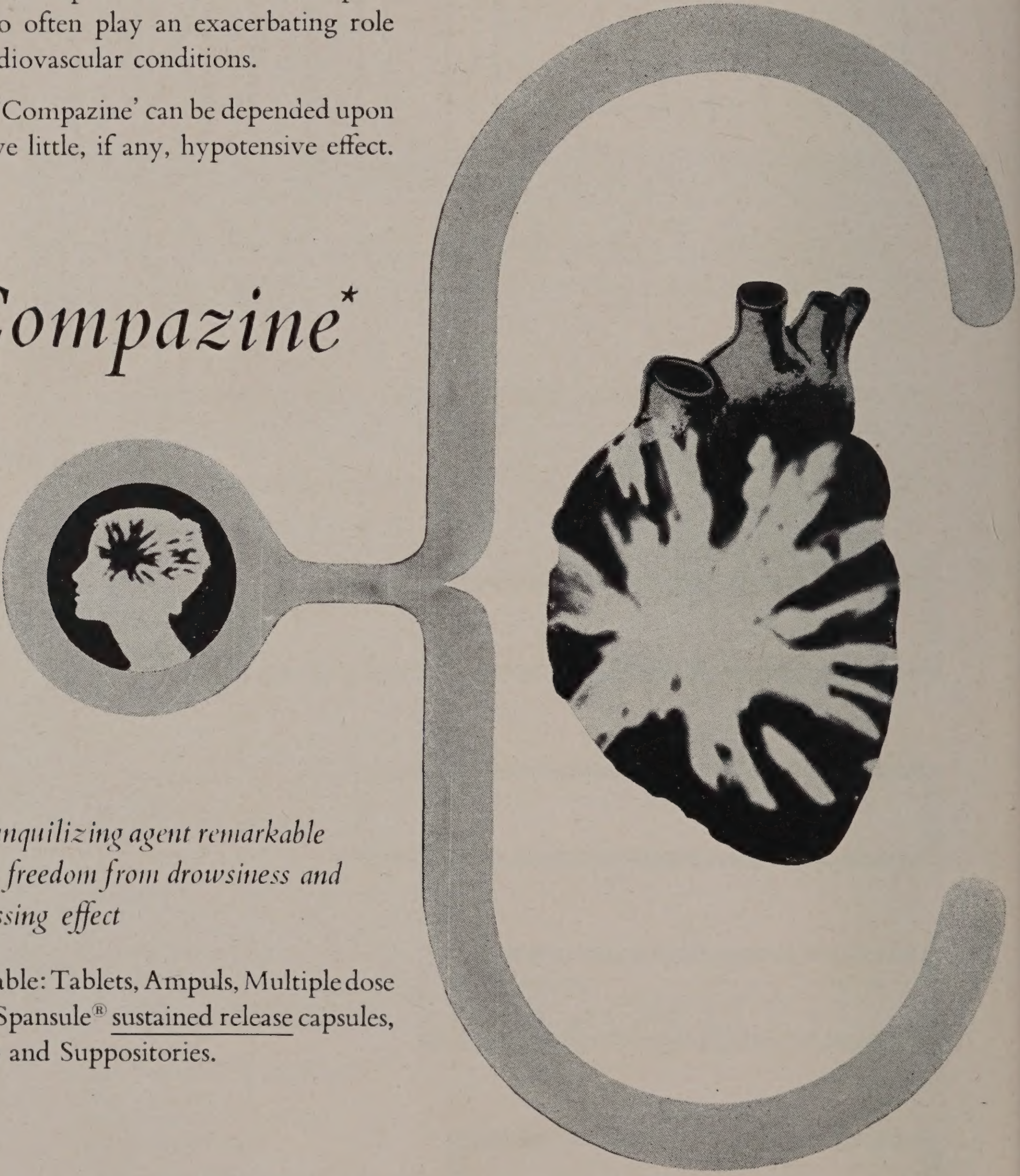

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(Continued on next page)

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By JONATHAN FORMAN, M. D.

Physician's Federal Income Tax Guide, 1958 Edition, by Hugh Campbell and James B. Liberman, edited by Henry D. Shereff. ($2.50. *Channel Press, 159 Northern Boulevard, Great Neck, New York.)* The twelfth annual edition of a valuable tax guide that is extremely useful to practicing physicians is available from the publishers; also in leading bookstores.

Tuberculosis in Obstetrics and Gynecology, by George Schaefer, M. D. ($8.75. *Little Brown and Co., Boston 6, Mass.)* The book is based on an experience of over 17 years with tuberculosis at two large tuberculosis hospitals as well as two large general hospitals. The author is currently in charge of the Pulmonary Clinic at the New York Lying-in Hospital.

Gynecologic Nursing, by R. J. Crossen, M. D., and Ann Jones Campbell, R. N. ($4.25. Fifth edition. *C. V. Mosby Co., St. Louis 3, Mo.)* This book continues on the same plan of previous editions and brings up to date the details of diagnosis, treatment and nursing care.

Neurosurgical Alleviation of Parkinsonism, by Irving S. Cooper, M. D. ($8.50. *Charles C. Thomas, Springfield, Ill.)* The purpose of this book is to summarize the present status of this form of treatment.

A New Psychotherapy in Schizophrenia, by Marguerite Sechehaye. ($4.50. *Grune and Stratton, New York, N. Y.)* This plan purposes to relieve frustation by symbolic realization.

Lysergic Acid Diethylamide and Mescaline in Experimental Psychiatry, by Louis Cholden, M. D. ($3.00. *Grune and Stratton, New York, N. Y.)* Proceedings of a round table held at the annual meeting of the American Psychiatry Association.

Physique and Delinquency, by Sheldon and Eleanor Glueck. ($6.00. *Harper and Brothers, New York 16, N. Y.)* From probably the foremost authorities on delinquency today comes this report on their latest investigation in delinquent behavior. The findings indicate that there is significant relationship between body types and types of behavior.

Anxiety and Magic Thinking, by Charles Odier, M. D. ($5.00. *International Universities Press, New York 11, N. Y.)* Represents one of the first attempts at an integration of psychoanalytic concepts with the findings of Piaget's genetic psychology.

Diseases of the Nose, Throat and Ear, by I. Simson Hall. ($4.75. Sixth edition. *E. & S. Livingstone Ltd., Edinburgh;* U. S. distributors, *Williams and Wilkins, Baltimore, Md.)* The book remains the same in size as it has in the previous editions and lives up to the same standards as being an excellent manual.

Polysaccharides in Biology, edited by Georg F. Springer, M. D. ($5.00. *Josiah Macy, Jr. Foundation, P. O. Box 575, Packanack, N. J.)* It is a transaction of the first Macy conferences on this subject. It deals with Nomenclature, Classification, Bacterial Polysaccharides and Blood groups.

Neuropharmacology, edited by Harold A. Abramson, M. D. ($4.25. *Josiah Macy, Jr. Foundation, P. O. Box 575, Packanack, N. J.)* Second conference on this subject in which a long list of distinguished scientists participated including Dr. Chauncey Leake of Ohio State University.

Mankind Against the Killers, by James Hemming. ($3.50. *Longmans, Green & Co., New York 3, N. Y.)* It tells with gripping simplicity the story of man's striving to understand and master pestilential diseases.

Cosmetics; Their Principles and Practices, by Ralph G. Harry. ($17.00. *Chemical Publishing Co., Inc., 212 Fifth Avenue, New York 10, N. Y.)* Extensive developments in the cosmetic and toilet industry in the past 10 years have made it necessary for a completely new work. In this volume we have an all-embracing work which now becomes the bible of all who are interested in the subject.

Educating Spastic Children, by F. Eleanor Schonell, Ph. D. ($6.00. *Philosophical Library, 15 E. 40th St., New York 16, N. Y.)* This book is designed to provide first-hand information of an educational and psychological kind for all concerned with the education, upbringing, and general welfare of the cerebral palsied.

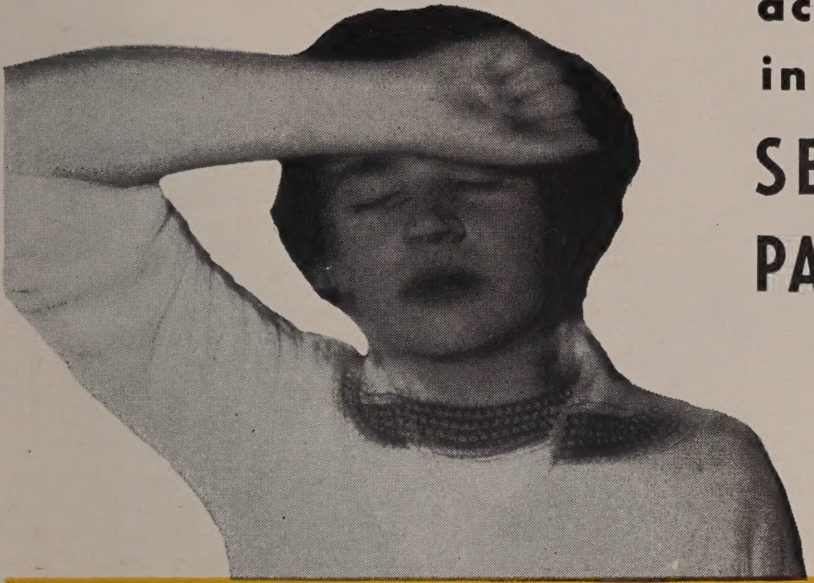
Venous Return, by Gerhard A. Brecher, M. D., Ph. D. ($6.75. *Grune & Stratton, Inc., New York 16, N. Y.)* The Julius F. Stone Professor of Physiology in the Ohio State University has given us a comprehensive account of his work with a proper historical setting. Dr. Carl J. Wiggers says in his foreword "the volume of blood returned to the heart is the basic determinant of cardiac output."

Aging: A Current Appraisal, edited by I. L. Weber. ($2.50. *University of Florida Press, Gainesville, Florida.)* A report on the Sixth Annual Southern Conference on Gerontology held at the University consisting of 44 essays by well-known authorities.

Care of Long-Term Patient. Chronic Illness in the United States—Volume II, by Commission on Chronic Illness. ($8.50. *A Commonwealth Fund Book, Harvard University Press, Cambridge, Massachusetts.)* This volume is based to a con-

(Continued on Page 140)

For *morphine-like* action in relief of SEVERE PAIN . . .



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*Joseph, Morris: Effective Analgesia Without Sedation or Narcosis, Clinical Medicine, August 1957.

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siderable extent upon the material of the National Conference of the Long-Term Patient held in Chicago in 1954, but is not limited to a discussion of the conference material drawing freely on additional sources.

William's Obstetrics, by N. J. Eastman, M. D. ($14.00, Eleventh Edition. *Appleton-Century-Crofts, New York 1, N. Y.)* This well-received text represents the teaching and tradition of Johns Hopkins School of Medicine.

Organized Home Medical Care in New York City. ($8.00. *A Commonwealth Fund Book, Harvard University Press, Cambridge, Mass.)* A study of 19 programs by the Hospital Council of Greater New York.

The Nature of Brucellosis, by Wesley W. Spink, M. D. ($8.00, *University of Minnesota Press, Minneapolis 14, Minn.)* A world authority on Brucellosis presents a comprehensive and current review of animal and human forms of the disease and the results of research and experimentation.

Rosenau's Preventive Medicine and Public Health, by K. F. Maxcy, M. D. ($15.00, Eighth edition. *Appleton-Century Crofts Inc., New York 1, New York.)* With aid of 27 specialists, the Professor Emeritus of Epidemiology brings up to date the eighth edition of this text which has been standard since 1913.

Handbook of Pediatric Medical Emergencies, by Adolph G. DeSanctis, M. D., with 11 contributors. ($6.25, second edition, *C. V. Mosby, St. Louis 3, Mo.)* This is an authoritative manual which has been translated into Spanish, Turkish and Yiddish. New emphasis is placed on accidents and poisoning, metabolic emergencies, and the complications of poliomyelitis.

New Advances in Medicine and What They Mean to You, by Morris Fishbein, M. D. ($3.50, *Hanover House, Garden City, N. Y.)* This book attempts to bring the layman up to date just as the author has done for the medical profession with his volume **Medical Progress.**

Dictionary of Poisons, by Ibert and Eleanor Mellan. ($4.75, *Philosophical Library, Inc., New York 16, N. Y.)* Designed to assist in emergency. Done in simple, concise language, if kept handy can help to prevent many of the 34,000 annual deaths in the American home.

The Approach to Mental Health, by David T. Maclay, M. D. ($3.00, *Associated Booksellers, 2106 Post Road, Westport, Conn.)* A psychiatrist presents a book for the educated layman describing the various factors that contribute to normal mentality.

Vital Statistics of the United States: 1954 Vol. II. ($4.00, *U. S. Government Printing Office, Washington 25, D. C.)* This volume gives the mortality data for the United States and each separate state and is to be used with Volume I which describes the sources and limitations of the data.

Principles of Clinical Electrocardiography, by Mervin J. Goldman, M. D. ($4.50, *Lange Medical Publications, Los Altos, California.)* The cardiologist to Oakland V. A. Hospital presents the basic concepts and their clinical application.

The Drug Addict as a Patient, by Marie Nyswander, M. D. ($4.50, *Grune and Stratton, New York 16, N. Y.)* The president of the National Advisory Council on Narcotics deals in this book not only with the disease but with the addict as a person—his psychological makeup and the impact of his environment.

Medical Ethics, by Edwin F. Healy, S. J. ($6.00. *Loyola University Press, Chicago 13, Ill.)* Illustrated by 171 case histories goes much further into the problem of treatment, professional ideals, professional secrecies, truthfulness, and unethical procedures.

Comparative Anatomy of the Eye, by Jack H. Prince of the Ohio State University. ($8.50, *Charles C. Thomas, Springfield, Ill.)* Correlates sufficient information to enable courses on this subject to be prepared easily for Veterinary, Ophthalmological, and Optometrical students.

Year Book of Pediatrics: 1956-57, edited by Sydney S. Gellis, M. D. ($6.75, *Year Book Publishers, Chicago 11, N. Y.)* The high points of the attractive and authoritative review are the declining rate of retrolental fibroplasia, increased resistance to antibiotics of staphylococci, danger of radiation and man-made diseases.

Safety Education, by A. E. Florio, Ed. D., and G. T. Stafford, Ed. D. ($5.50, *McGraw-Hill Book Co., New York 36, N. Y.)* The inclusion of safety education has rapidly become a requirement in most states. This text is designed to prepare teachers for this course.

Pharmacology and Oral Therapeutics, by Edward C. Dobbs, D. D. S. ($9.00, eleventh edition, *C. V. Mosby, St. Louis 3, Mo.)* The introduction of many new drugs has prompted another edition of the well known and widely used text.

Health Observation of School Children, by George M. Wheatley, M. D., and Grace T. Hallock. ($6.50, second edition. *McGraw-Hill Book Co., New York 36, N. Y.)* A guide for helping teachers and others to observe and understand the school child in health and disease.

Medical Effects of the Atomic Bomb in Japan, edited by A. W. Oughterson, M. D., and Shields Warren, M. D. ($7.50, *McGraw-Hill Book Co., New York 36, N. Y.)* This is one of a series prepared as a record of the studies done under the Manhattan Project and the Atomic Energy Commission. Its contents will be of increasing importance to all of us.

Home Health Emergencies, (Apply. *Medical Department, The Equitable Life Assurance Society of the United States, 393 7th Ave., New York 1, New York.)* It is a guide to home nursing and first aid in family health emergencies.

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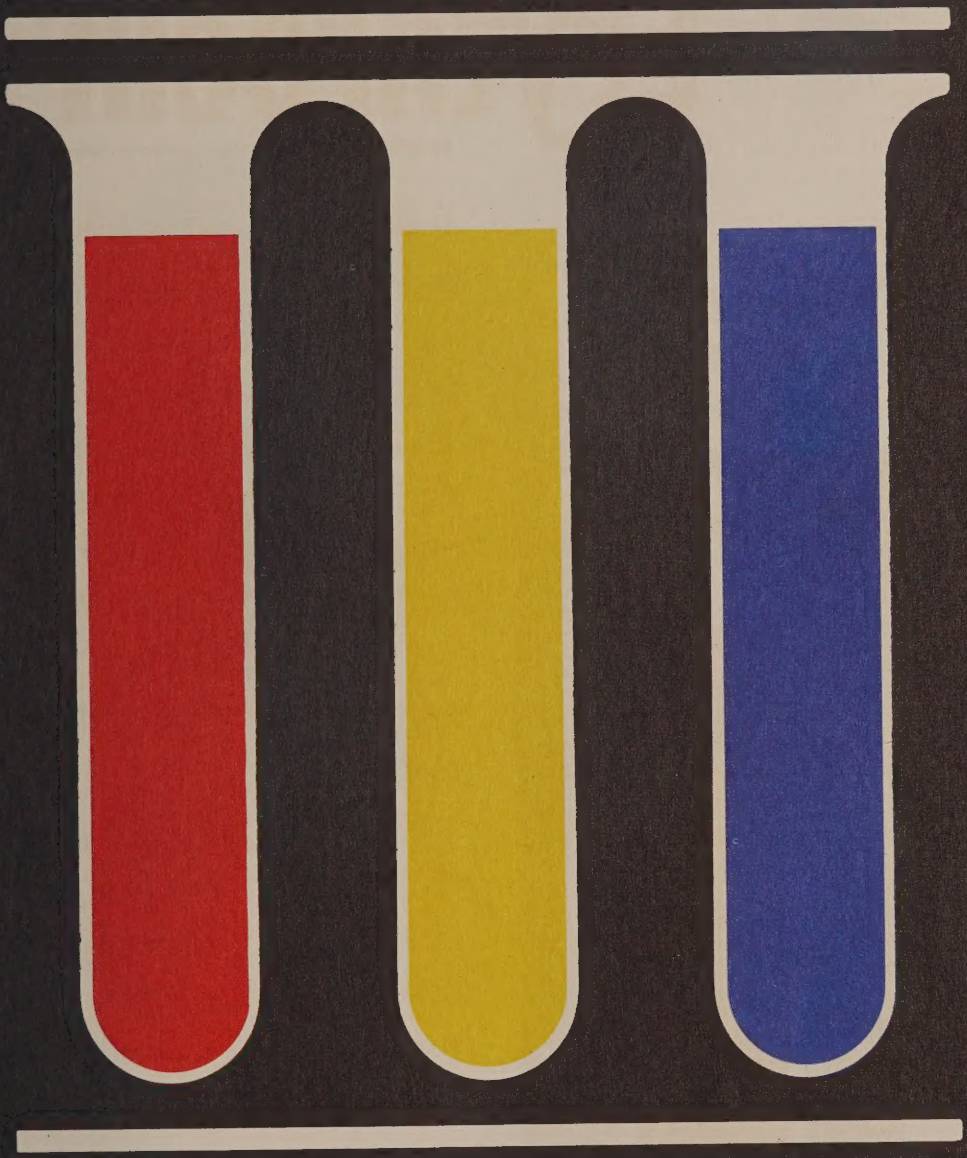

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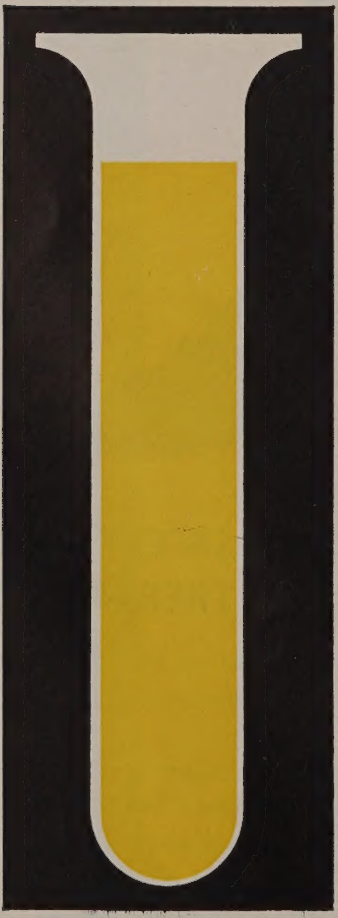

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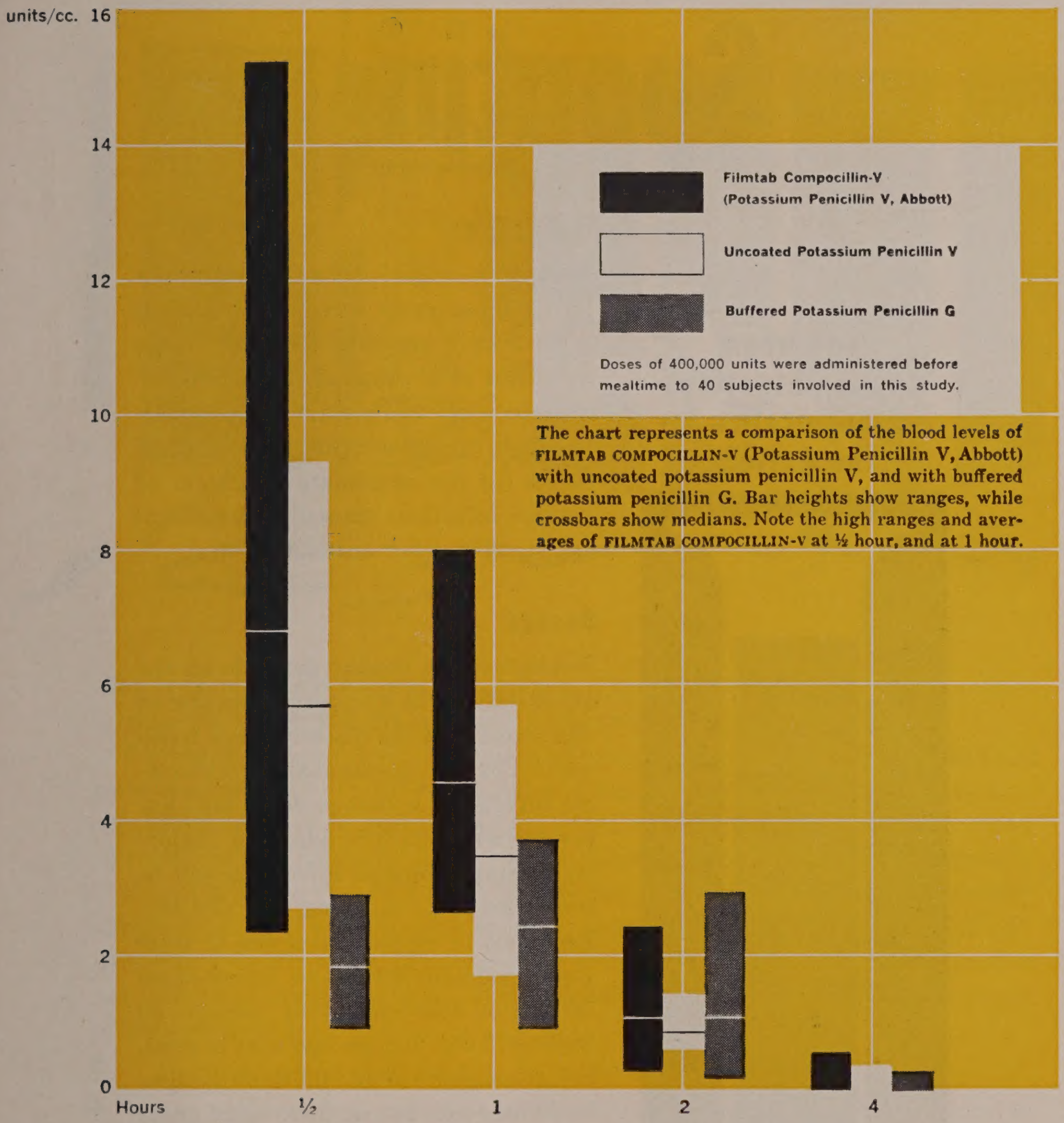

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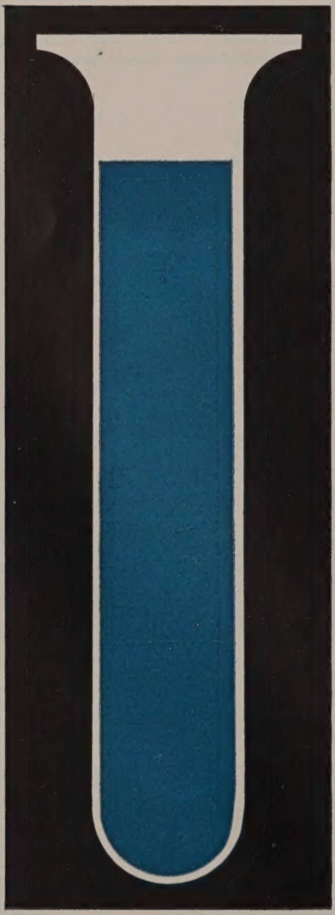

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SPONTIN is indicated for treating gram-positive bacterial infections. Clinical reports have indicated its effectiveness against a wide range of staphylococcal, streptococcal and pneumococcal infections. It can be considered a drug of choice for the immediate treatment of serious infections caused by organisms resistant to other antibiotics.

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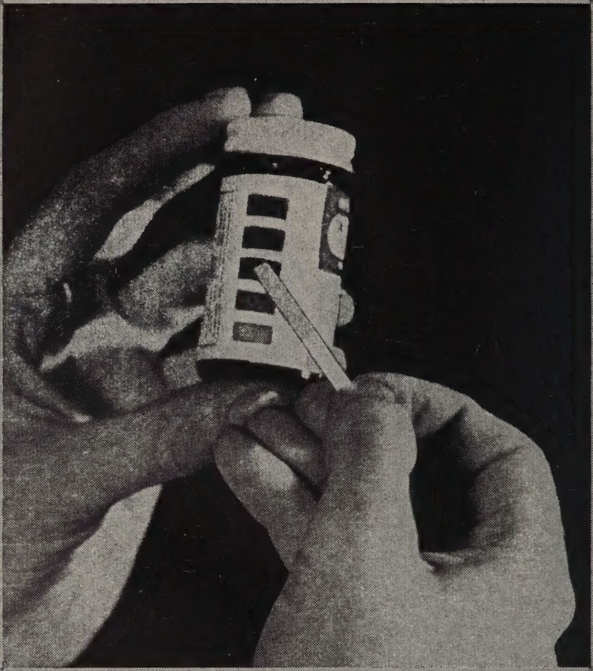

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Source—Race, G. A.; Scheifley, C. H., and Edwards, J. E.: Circulation *13*:329, 1956.

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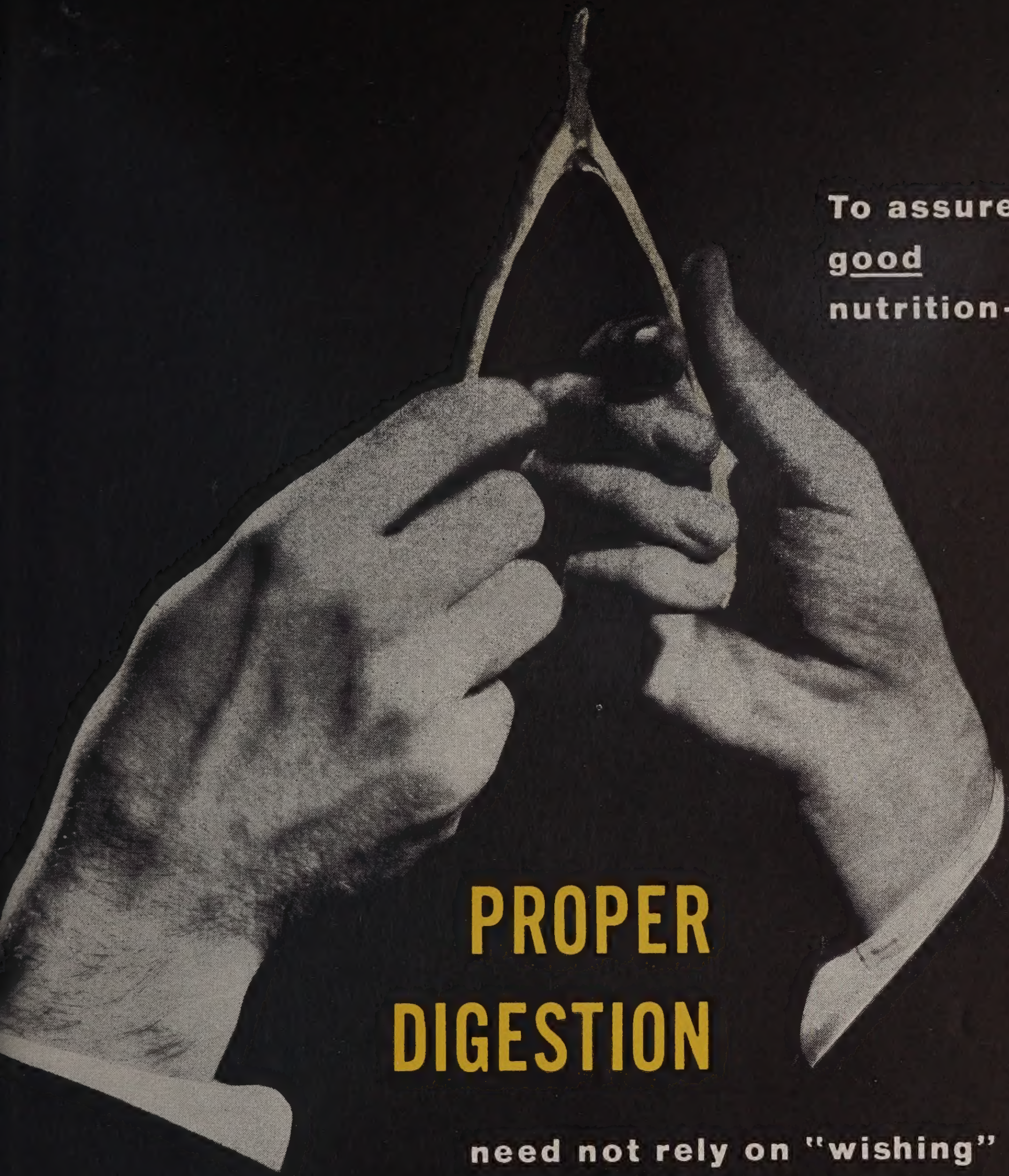

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Ford, R.V., and Moyer, J.H.: Rauwolfia Toxicity in the Treatment of Hypertension: Some Observations on Comparative Toxicity of Reserpine, a Single Alkaloid, and Alseroxylon, a Compound Containing Multiple Alkaloids, Postgrad. Med., January, 1958.

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Washington Roundup . . .

News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

Medical care consumer price index hit 140.3 in November, maintaining its continued increase. Bureau of Labor Statistics reported increase due to higher hospital, counter drugs and prescription rates.

* * *

Survey of 8,000 hospitals to gain information concerning progressive care—or graded service—is being conducted by Public Health Service. Under graded plan, amount of patient care provided is determined by seriousness of patient's illness.

* * *

Pentagon has reported that 2,016 interns have applied for commissions. This means that, barring national emergency, armed forces may not have to invoke physician draft for at least 18 months.

* * *

National Clearinghouse for Poison Control Centers has completed and sent to 115 local centers a card file of trade names of 500 household products that could be dangerous if misused. Toxic ingredients, symptomatology and antidotes are described.

* * *

Lashing out at public's "bovine tolerance" of conditions resulting in disability from chronic diseases and accidents, Surgeon General Burney in an address said that on August 1, 1957, it was estimated that 41 per cent of the entire U. S. population had one or more "chronic conditions."

* * *

Insect physiologists of the Agriculture Department have found the common house fly is potentially valuable as a test organism for rapid screening of tumor-inhibiting compounds. Researchers reported affirmative results of studies to find anticancer compounds that act as inhibitors of ovarian growth in female flies. Fifteen of 26 chemical substances gave positive results.

* * *

National Institute of Neurological Diseases and Blindness is administering special travel fund to help "younger ophthalmologists" and paramedical professionals engaged in ophthalmological teaching and research. Successful applicants will have expenses paid for 18th International Ophthalmological Congress in Brussels September 8-12. Applicants should write Dr. Gordon H. Seger, chief, extramural programs, National Institute of ND and B, Bethesda 14, Md. April 1 is application deadline.

* * *

Health, Education and Welfare Undersecretary John A. Perkins has proposed total reexamination of welfare programs, in light of heavy Federal spending for defense researcn and science. "I am suggesting that the present state of world affairs is a signal that there inevitably will be a review on all levels of government of all governmental services," he told American Public Welfare Association.

* * *

AFL-CIO Committee on Social Security has set up plans for opposing medical societies that refuse to endorse union medical programs, and has asked the AFL-CIO Executive Committee for funds to finance promotion of union medical programs.

* * *

By end of 1957, according to Health Insurance Institute estimates, more than 123 million Americans were protected by some form of health insurance designed to help pay hospital, doctor or other medical care bills. Figure represents almost 75 per cent of the total U. S. civilian population.

Baltimore Social Security Office Is in Need of Physicians

The following announcement is from Dr. Arthur B. Price, chief medical consultant for the Federal Division of Disability Operations:

The Bureau of Old-Age and Survivors Insurance, Social Security Administration, has announced vacancies for full-time and part-time medical consultants in its Division of Disability Operations. The Division is responsible for making determinations of disability under the disability insurance provisions of the Social Security Act. These positions are available in the headquarters offices in Baltimore, Maryland.

Physicians interested in either full-time or part-time positions may write to Dr. Arthur B. Price, Chief Medical Consultant, Division of Disability Operations, 200 West Baltimore Street, Baltimore 1, Maryland, for further information.

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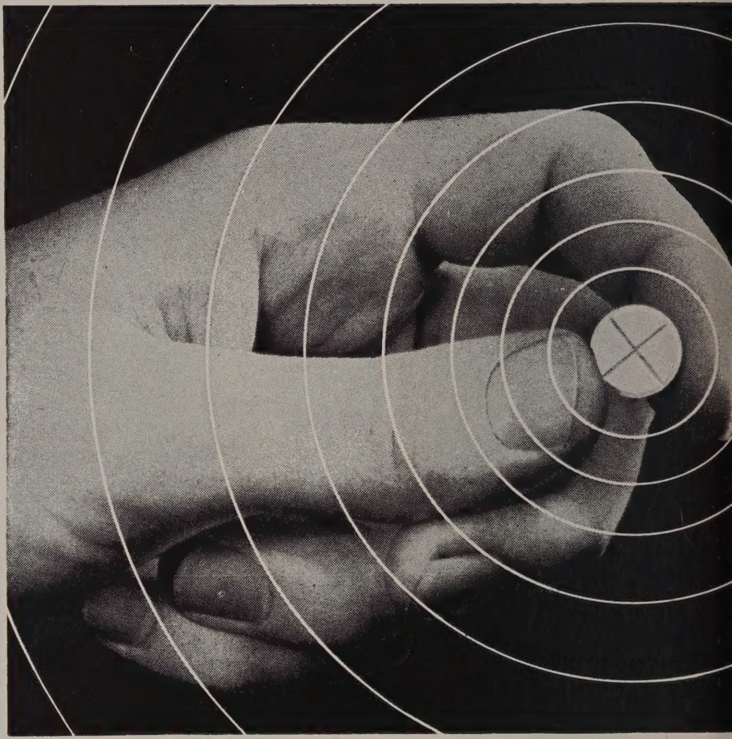

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- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

NEW DOSAGE

The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive 1/4 of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets:

Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup:

Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

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[1] Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

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In Our Opinion: Comments on Current Economic and Social Questions and Professional Problems; Suggestions Regarding Organized Activities

"PACKAGED PATIENTS," A PR REVIEW OF '57; SUGGESTIONS FOR '58

In the January issue of the *Newsletter* of the California Medical Association there appeared the above headline. It was over a most revealing and stimulating article—one which, in our opinion, is so good that it would be a shame not to give Ohio physicians a chance to absorb it. Therefore, with apologies, credits, and all those things to the *California Newsletter,* we present herewith the article, written by Sidney J. Shipman, M. D., chairman, Public Relations Committee of the California Medical Association:

* * *

"Patients, the medical profession found in 1957, continue to come to physicians' offices in a growing variety of packages.

"The 'large economy size' contained patients with varied insurance coverages, many of them with unrealistic fee schedules.

"The 'trial package' or get-acquainted-offer, included 450,000 elderly patients who, on October 1, began coming to see physicians for limited services on the wave of California's Public Assistance Medical Care Program. They came from 'Medicare' labeled for 'Govt. Use Only.'

Panels, Too

"The 'standard pack' continues to be represented by Blue Shield members who receive their medical care under a program sponsored and controlled by the physicians. And then there are the 'limited pack' panel patients.

"Nationwide, these patients, along with their 'third parties,' the insurance companies, the labor administrators and the consultants, accounted for four billion and 200 millions of the total medical care bill. *In California alone, packaged patients are a million-dollar-per-day item!*

"The tremendous upsurge received its greatest impetus in 'fringe benefits in lieu of wage increases.'

"Should the current clamor for more and better education in the fields of science extend into the realm of basic economics and hammer home 'there ain't no Santa Claus' facts of life, we could expect changes. But we don't!

"Regardless of the package they come in, physicians, by and large, have an excellent performance record of taking care of *all* patients.

"At all times CMA has maintained the policy, as expressed by President Frank A. MacDonald, that 'what may appear advantageous to the individual physician is not always to the interest of the entire profession, while what is good for the profession, is good for each individual practitioner.'

United Approach

"The past year's experience in dealing with third parties has demonstrated the value of a united approach—the approach for the 'entire profession.'

"In the year ahead it is of the utmost importance that this policy be strengthened.

"Medicine's policy, its determination to maintain high medical standards, can only be furthered when it is understood.

"To be understood requires untiring effort and patience; time consuming conferences with the third party purchasers of medical care who seek 'freedom of choice' for their groups.

"Meanwhile, only the individual practitioner can make this commodity—freedom—the most desired of all ingredients—regardless of all other parts in the insurance package!

"As the 'old master,' the very politically conscious Dr. Dwight H. Murray, has said:

> *" 'Satisfied patients always have been, and always will be, our first line of defense against government domination of our profession.'*

"To be sure, in the light of an increasing number of medical packages, he might well have said '*all* third party domination.'

"The *individual* physician has shown his ability to make his patients appreciate his skills and his personal interest in them.

The 'Other' Physician

"It is the 'other physician' who must be reminded to do his utmost to maintain satisfied patients; patients who will demand continued service from him even though a third party has intervened for the prepayment of this care.

"It is the collective physician, the County Medical Society, that must guarantee high quality medical care regardless of inability to pay, to provide for emergency medical care 'round the clock. And, to prevent the misunderstandings which may develop into malpractice suits, it behooves the County Societies to make certain their Public Service Committees are active and ready to make forthright decisions when disputes arise. These things are basic. These are the every day requirements to make all patients—the collective patient—satisfied patients.

Constantly!

"We repeat what we've said before: the road to good public relations is direct. The entrance is posted with the sign: 'Be A Good Doctor.' We might juggle a participle and add: 'Constantly.'

"So much for the professional side . . .

"1958, as was '57, will be marked with more 'entering wedges for government medicine,' more Santa Claus schemes, more third party packages.

"In '57 we found that, while the opposition arguments of medical leaders were sound, too few physicians backed this position with communications to legislators. Even more disconcerting, all too few physicians took time to find out about issues involving their own profession. The results were about as to be expected.

"It follows, therefore, that, in this limited discussion, progress for the profession and the protection of the welfare of the patient, demands that each physician must also be aware of the political and economic aspects of medicine; to make an intelligent appraisal of all medical 'packages.' To be alert—constantly!"

OHIO YOUNGSTERS NEED FAMILY PHYSICIANS, TOO

It is somewhat startling to sit in a state 4-H health committee meeting and hear an extension agent remark that "80 per cent of the 4-H club members in my county do not have a family physician." That happened here in Ohio recently.

The agent stated that this condition was brought out as a result of 4-H club health activities. The specific activities involved are encouraged by OSMA through its Committee on Rural Health. They are the 4-H physical examination and the personal health record.

The 4-H boys and girls were at a loss as to where to get an examination when they were handed the forms and health records. Undoubtedly, this pointed up to them the importance of having a family physician. However, one cannot help but wonder what the percentage is in Ohio's other 87 counties.

It is difficult to believe that the youngster who has no family physician is fulfilling all of his health needs. Not enough can be said for proper diet, adequate sleep and other good physical and mental health habits. Apparently, not nearly enough has been said for the necessity of having a family physician.

In our opinion, it would be an excellent project and an outstanding community and medical service for a county medical society to survey its teenage and pre-teen population to determine how many have family physicians; perhaps better, to determine those who do not— and why they don't —have a family physician. It would not be inconsiderate to expect the cooperation of school officials and youth leaders in such a worthwhile venture.

Total of 6,700 Foreign Physicians Study in United States

More than 6,700 foreign physicians were taking advanced medical training in American hospitals in 1956-57, a survey conducted by the Institute of International Education and the AMA reveals.

The study covered only interns and residents who had both a foreign citizenship and permanent residence in a foreign country. It did not include displaced persons resettled in the U. S. or foreign citizens who have immigrated to the U. S. for permanent residence.

There were 6,741 foreign physicians serving internships or residencies in 797 American hospitals. Of these physicians, who came from 88 countries, 4,753 were residents and 1,988 were interns. Only 908 of the total were women and more than 60 per cent of these women were from the Far East.

The physicians were in 44 states, the District of Columbia, Hawaii, and Puerto Rico. Four states, Idaho, Nevada, New Hampshire, and Wyoming, did not report any. About one fourth (1,673) of all the foreign doctors were in New York state. More than 100 each were in Ohio, Illinois, Massachusetts, Pennsylvania, New Jersey, Missouri, Maryland, Michigan, Texas, the District of Columbia, Connecticut, and Minnesota.

Over one third (2,293) came from the Far Eastern countries with Latin America and Europe each the origin of one fifth, and the Near and Middle East of one eighth.

The foreign residents were studying in 31 different specialties, with general surgery and general medicine leading the list.

Ft. Steuben Academy

"Modern Cardiac Surgery," was the topic of discussion at the January 14 meeting of the Fort Steuben Academy of Medicine, Steubenville. Speakers were Dr. Donald B. Effler, chief of the Department of Thoracic Surgery, Cleveland Clinic; and Dr. Howard H. Minor, a member of the surgical staff at the Ohio Valley Hospital, Steubenville.

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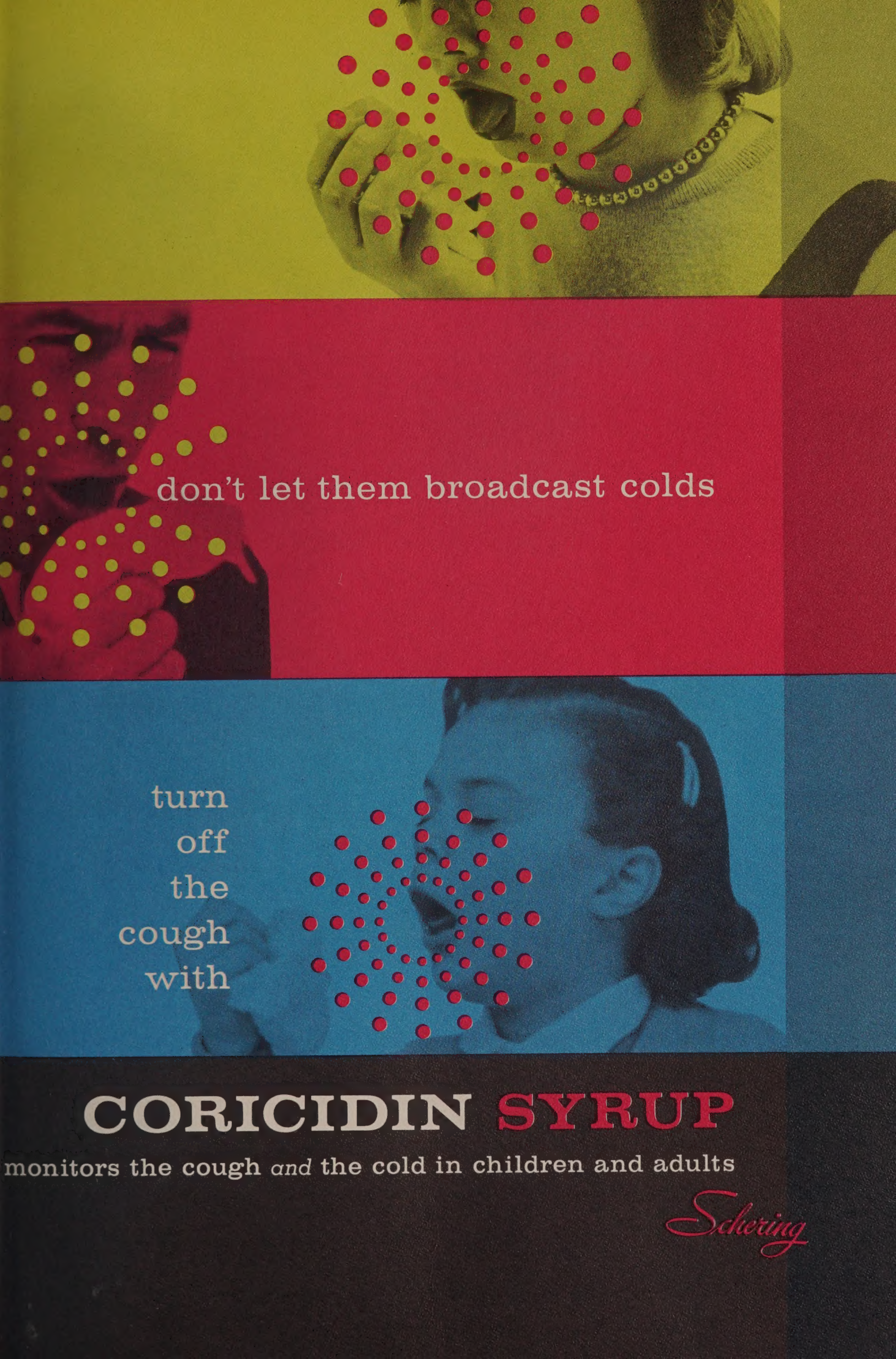
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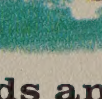

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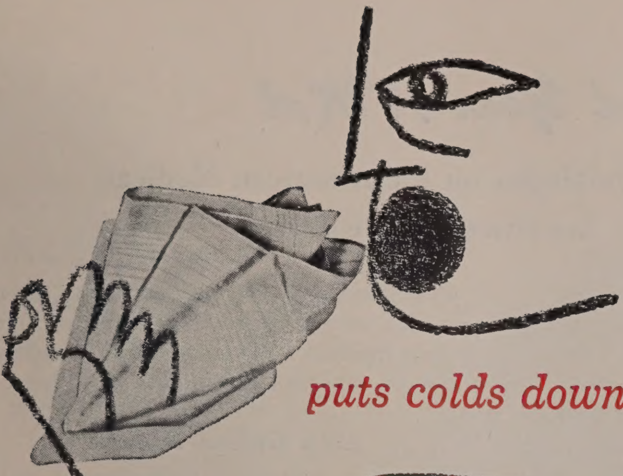
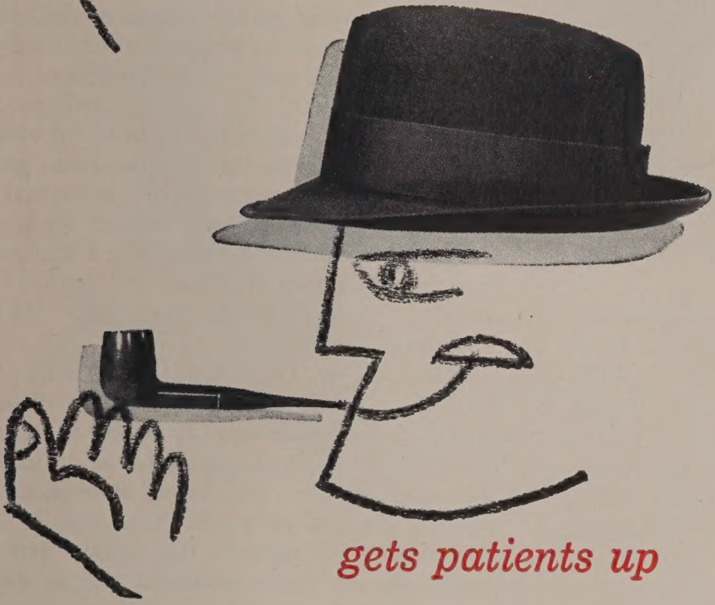


puts colds down



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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

The Board of Trustees has announced the appointment of Mr. George Cooley as secretary of the A. M. A. Council on Medical Service. He took over the post left vacant on January 1 when Secretary Thomas A. Hendricks was moved into his new assignment as field director of the American Medical Association.

A graduate of the University of Cincinnati with degrees in political science and public administration, Mr. Cooley once served as secretary of the Cincinnati Regional Crime Commission. He also served as field consultant to the National Municipal League, and as executive secretary of the Academy of Medicine of Toledo and Lucas County before going with the AMA on a part-time basis in September 1945.

He goes into his new job with wide experience in council affairs. He has been serving as assistant secretary of the council since March 15, 1946.

Mr. Cooley, who is 46, was born in Mitchell, South Dakota, which he refers to as the "famous corn palace of the world." He and his wife, Mary, and their daughter, Marcia, 16, live in Park Ridge, a Chicago suburb where several other AMA staff people reside.

Aids State Department

Ralph Creer, AMA director of motion pictures and medical television, was one of 21 persons invited recently to a conference in Washington by the State Department to determine U. S. policy on participation in future international film festivals.

Science Writing Program

Columbia University's Graduate School of Journalism has announced establishment of an advanced science writing program to be financed by a pilot grant from the Alfred P. Sloan Foundation.

Under the program, selected young reporters and writers will be invited to spend an academic year at the university with all expenses paid. While only four to five full fellowships a year can be financed under the initial grant, it is hoped soon to expand the program to provide for 10 fellows a year. Medicine is represented on the advisory board which has been set up to handle the program.

Said Alfred P. Sloan: "Large scale scientific development depends, in the last analysis, on public understanding. This understanding, in turn, is possible only if scientific news is intelligently and fully reported. We are confident this program will be an important step in helping achieve this goal."

AMA General Manager

A realignment of executive duties at the American Medical Association went into effect January 1. Dr. George F. Lull took over the position of assistant to the president. Dr. F. J. L. Blasingame of Wharton, Texas, assumed responsibility for over-all administration with the title of general manager.

Dr. Blasingame has been active in medical affairs, both at the state and national levels, for many years. Since 1949, he has been a member of the AMA Board of Trustees, and in 1955 he served as president of the Texas State Medical Association.

In his new job, Dr. Lull will relieve the president of many of the burdens of that office in addition to serving as secretary of the Association. He will act as a special ambassador of the medical profession in cities and towns throughout the country. Dr. Lull joined the AMA staff in 1946 after serving 34 years in the Army. His last position before Army retirement was as deputy surgeon general.

Auxiliaries Vie in *Today's Health* Contest

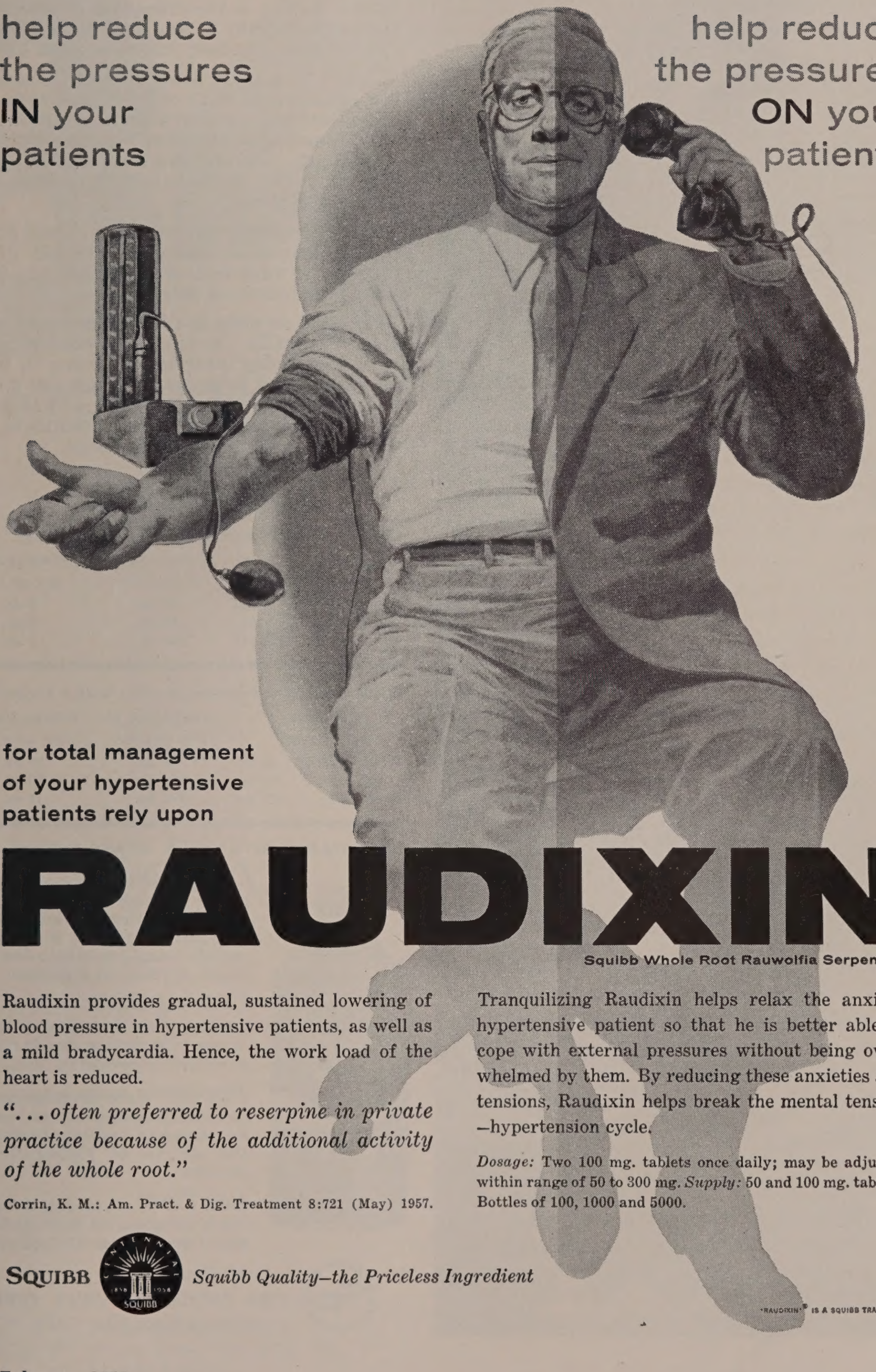
The annual *Today's Health* subscription contest for medical auxiliaries throughout the country again is under way. The contest—jointly sponsored by the Woman's Auxiliary to the AMA and *Today's Health* magazine—is open to all state and county auxiliaries.

Medical Practice Booklets

Additional copies of the booklet—"A Planning Guide for Establishing Medical Practice Units"—currently are available from the American Medical Association to state and county medical societies for use on a loan basis to individual physicians. Edited by the AMA and published through a Sears-Roebuck Foundation grant, this booklet originally was distributed to medical societies on a limited basis. However, if the copies now on file in medical society libraries have been mutilated or destroyed, requests for additional copies may now be filled. Requests should be directed to the AMA's Council on Medical Service.

help reduce
the pressures
IN your
patients

help reduce
the pressures
ON your
patients



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Raudixin provides gradual, sustained lowering of blood pressure in hypertensive patients, as well as a mild bradycardia. Hence, the work load of the heart is reduced.

"... often preferred to reserpine in private practice because of the additional activity of the whole root."

Corrin, K. M.: Am. Pract. & Dig. Treatment 8:721 (May) 1957.

Tranquilizing Raudixin helps relax the anxious hypertensive patient so that he is better able to cope with external pressures without being overwhelmed by them. By reducing these anxieties and tensions, Raudixin helps break the mental tension —hypertension cycle.

Dosage: Two 100 mg. tablets once daily; may be adjusted within range of 50 to 300 mg. *Supply:* 50 and 100 mg. tablets. Bottles of 100, 1000 and 5000.

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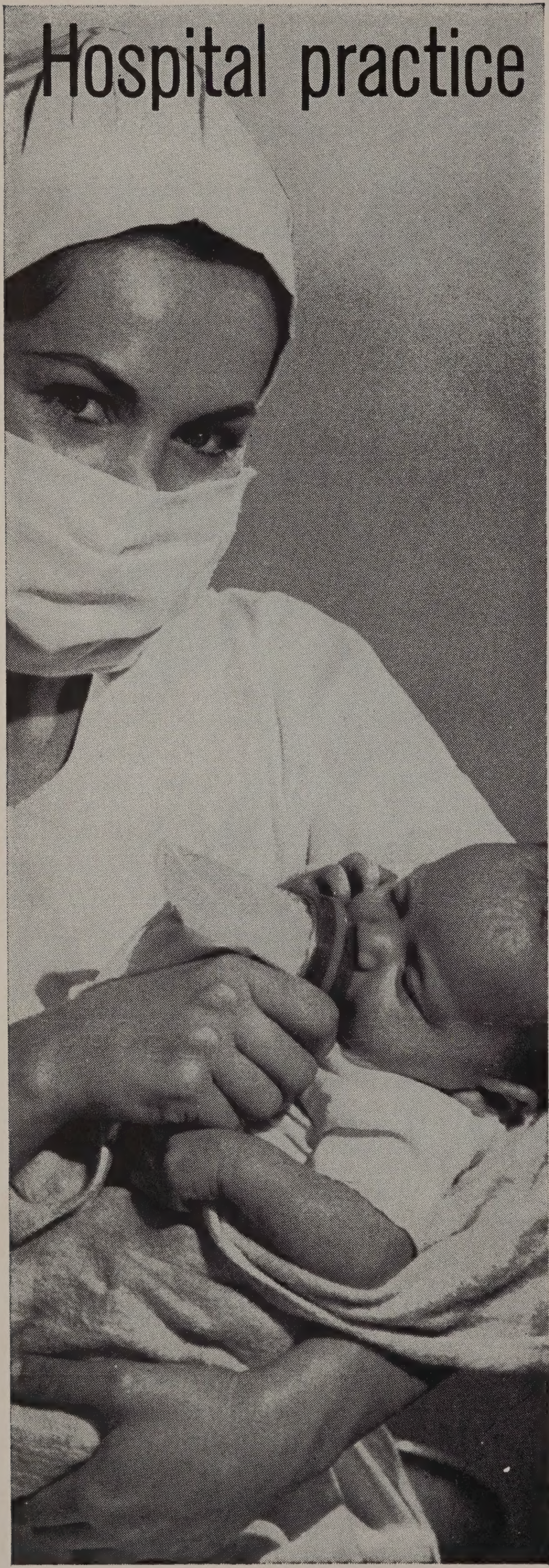
Hospital practice of infant feeding



Standard formulas for NEWBORNS

Breast feeding is the procedure of choice for the newborn. But it may need to be complemented with standard formulas given here.

The first feeding, 12 hours after birth, consists of a prelacteal solution of 5% Karo Syrup, one or two ounces, repeated at two-hour intervals. Breast feeding is started on the second day for five-minute intervals and the prelacteal feeding continued immediately thereafter and between nursings.

Formula feeding is given on the second day if breast feeding is denied. The small infant prefers the three-hour schedule and the large infant the four-hour schedule.

The initial formula is a low-caloric milk mixture, gradually increased in concentration over several day intervals according to tolerance. Standard formulas for whole cow's milk or evaporated milk modified with diluted Karo Syrup as shown here, constitute the dietary regimen for well newborns.

First formulas for newborns,
concentrated according to tolerance

Evaporated Milk Formulas: 3 oz. q 4h x 6 feedings

	FORMULA I 12.5 cals./oz.	FORMULA II 16 cals./oz.	FORMULA III 20 cals./oz.
Evap. Milk . .	4 oz.	5 oz.	6 oz.
Water	14 oz.	13 oz.	12 oz.
Karo Syrup . .	1/2 oz.	3/4 oz.	1 oz.

Whole Cow's Milk Formulas: 3 1/2 oz. q 4h x 6 feedings

	FORMULA I 11 cals./oz.	FORMULA II 11.5 cals./oz.	FORMULA III 13.5 cals./oz.
Whole Milk . .	8 oz.	9 oz.	10 oz.
Water	12 oz.	11 oz.	10 oz.
Karo Syrup . .	1/2 oz.	3/4 oz.	1 oz.

ADVANTAGES OF KARO IN INFANT FEEDING

Composition: Karo is a superior maltose-dextrin mixture because the dextrins are non-fermentable and the maltose is rapidly transformed into dextrose which requires no digestion.

Concentration: Volume for volume Karo furnishes twice as many calories as similar milk modifiers in powdered form.

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1 Crossover tests show that average blood levels achieved with glucosamine were markedly higher than those of other enhancing agents screened. In some cases this effect was more than double.

2 Of great importance to the practicing physician is the consistency of the blood level enhancement achieved with glucosamine. Extensive tests show that the enhancing effect with glucosamine occurs in a greater percentage of cases than with any other agent screened.

3 Glucosamine is a nontoxic physiologic metabolite occurring naturally and widely in human secretions, tissues and organs. It is nonirritating to the stomach, does not increase gastric secretion, is sodium free and releases only four calories of energy per gram. Also, there is evidence that glucosamine may favorably influence the bacterial flora of the intestinal tract.

For these reasons glucosamine provides you with an important new adjuvant for better enhancement of antibiotic blood levels. Tetracycline, potentiated physiologically with glucosamine, is now available to you as COSA-TETRACYN.

Capsules 250 mg. and 125 mg.

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The most widely used broad-spectrum antibiotic now potentiated with glucosamine, the enhancing agent of choice

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You and Your Public . . .

The Individual Physician Should Know and Understand Health Programs of Organizations in His Community

IT is an important public relations factor that the individual physician be familiar with health programs of various organizations represented in his community. There are in Ohio many such organizations in which personal health is an important part of their programs.

A member of an organization is surprised and pleased when his personal physician discusses with him a health project the patient's organization may be undertaking.

Also, the physician may help his patient to understand the project better, and to appreciate the importance of medical advice in any lay health program.

Health Interest High

For example, there are in Ohio two groups having health programs that offer the physician extensive public relations opportunities. The groups are the Ohio Congress of Parents and Teachers and the 4-H Clubs. Both have extensive health programs that include permanent health records for children that cover their first 18 years. Both are extensive in detail and cover the individual's health statistics thoroughly.

The P. T. A. record was developed within that organization, while the 4-H record was developed by the OSMA Committee on Rural Health and printed by OSMA for distribution through 4-H Club leaders.

Those two groups are representative of the organizations not primarily devoted to health, but, nevertheless, interested in health.

Lay groups welcome the interest and advice of physicians in their health programs. When this is lacking, there may be misunderstanding or misinterpretation of the program.

For example, a prominent youth organization's health program here in Ohio for its local clubs ran into some snags that clearly could have been avoided if there had been local liaison with physicians. A physician's explanation of the purpose of the program and discussion of its materials would have meant much to the club leaders.

This is not meant as a criticism of the organization or physicians, but is to illustrate an actual situation in which a good PR possibility was overlooked; in which constructive help could have been provided.

On the other hand, there is another organization in which the advice and cooperation of physicians eliminated a considerable gap in the organization's health policies. The PR results were very prominent at this group's 1956 state convention.

Too busy to do something like this? In 1952, retiring AMA President John W. Cline, M. D., said in his farewell address:

"Being 'too busy' is partly a state of mind. It also serves as an excuse to escape from doing something you do not wish to do."

WHAT TO WRITE FOR

Some booklets, pamphlets and other published material available for the asking or at nominal expense and suitable for the physician's office, library or waiting room, or for his personal information.

* * *

Your Federal Income Tax—1958 Edition. Government's own "how to do it" booklet on tax returns, including answers to many questions that come up at taxpaying time. Some 166 new tax problems, resulting from law changes or government rulings in 1957, are covered. (25 cents) Write Government Printing Office, Washington 25, D. C.

* * *

Extent of Voluntary Health Insurance Coverage in the United States. Annual survey of the Health Insurance Council, this booklet covers the five voluntary types of health insurance and gives the total number of Americans participating in each type. Write Health Insurance Council, 488 Madison Avenue, New York 22, N. Y.

* * *

Steps for Today toward Better Mental Health. This report of the 1957 National Health Forum contains a digest of what was said by 102 program participants in 15 discussions and eight general sessions. ($1.50) Write National Health Council, Inc., 1790 Broadway, New York 19.

* * *

Tips for Better Personal Public Relations. Lists 28 pertinent PR points for the practicing physician. Concise but complete in two pages. Write Broome County Medical Society, 42 Front Street, Binghamton, N. Y.

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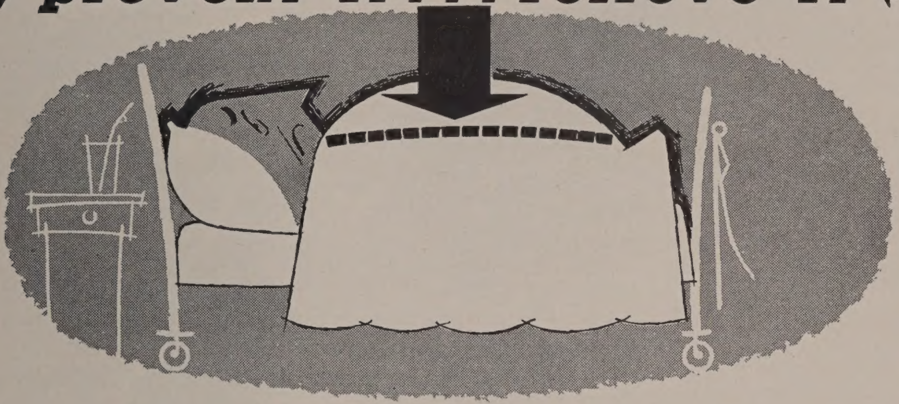

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Cholinergic agents are frequently unreliable. For satisfactory gastrointestinal function acetylcholine must be formed physiologically.

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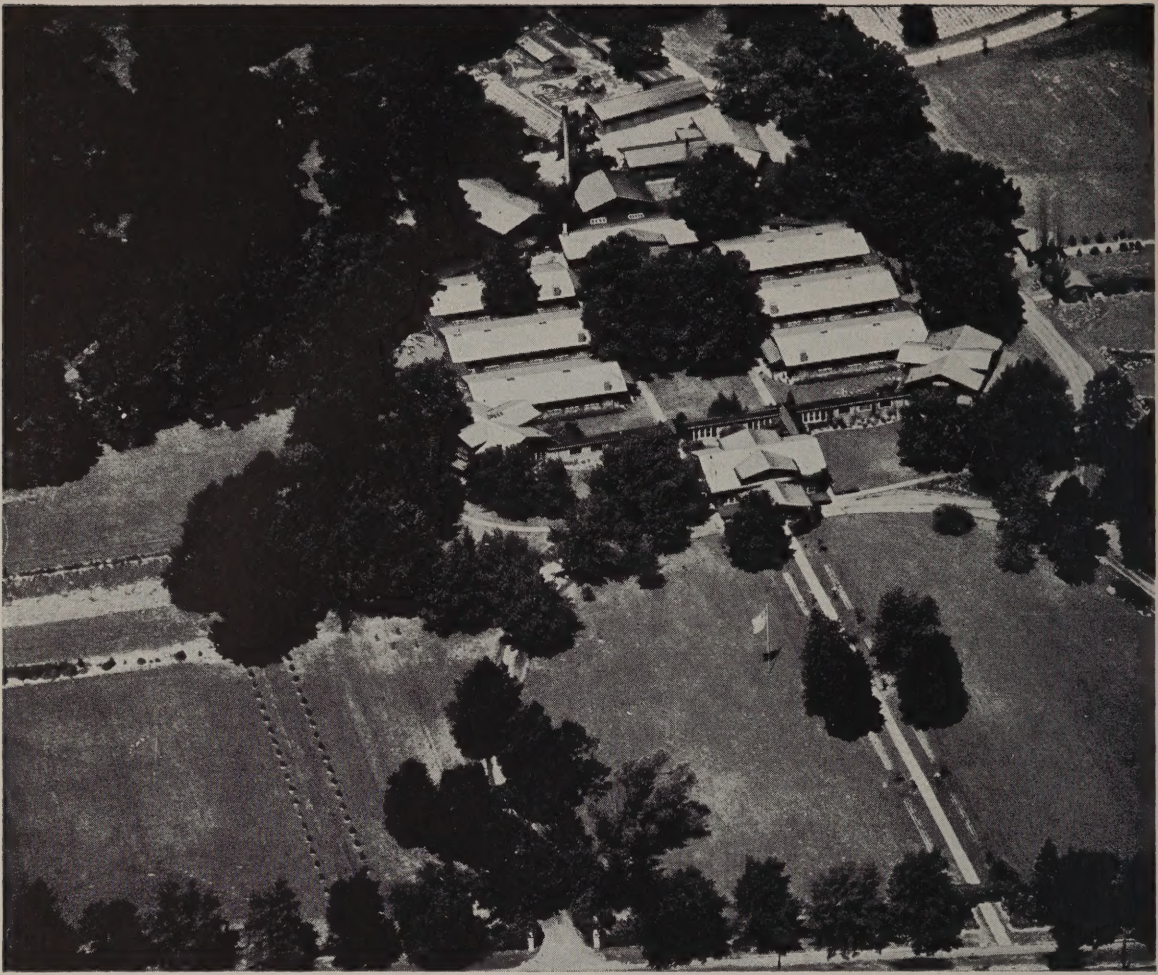

AERIAL VIEW FROM FRONT

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With *topical* decongestants, "unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . ."* The patient then must reapply the medication and the vicious cycle is repeated, resulting in local overtreatment, pathological changes in nasal mucosa, and frequently "nose drop addiction."

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent nasal pathology.

*Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

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Dosage: 1 tablet in the morning, afternoon, and in the evening if needed.

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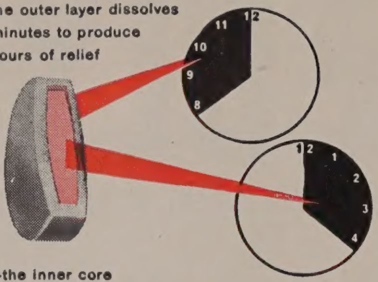

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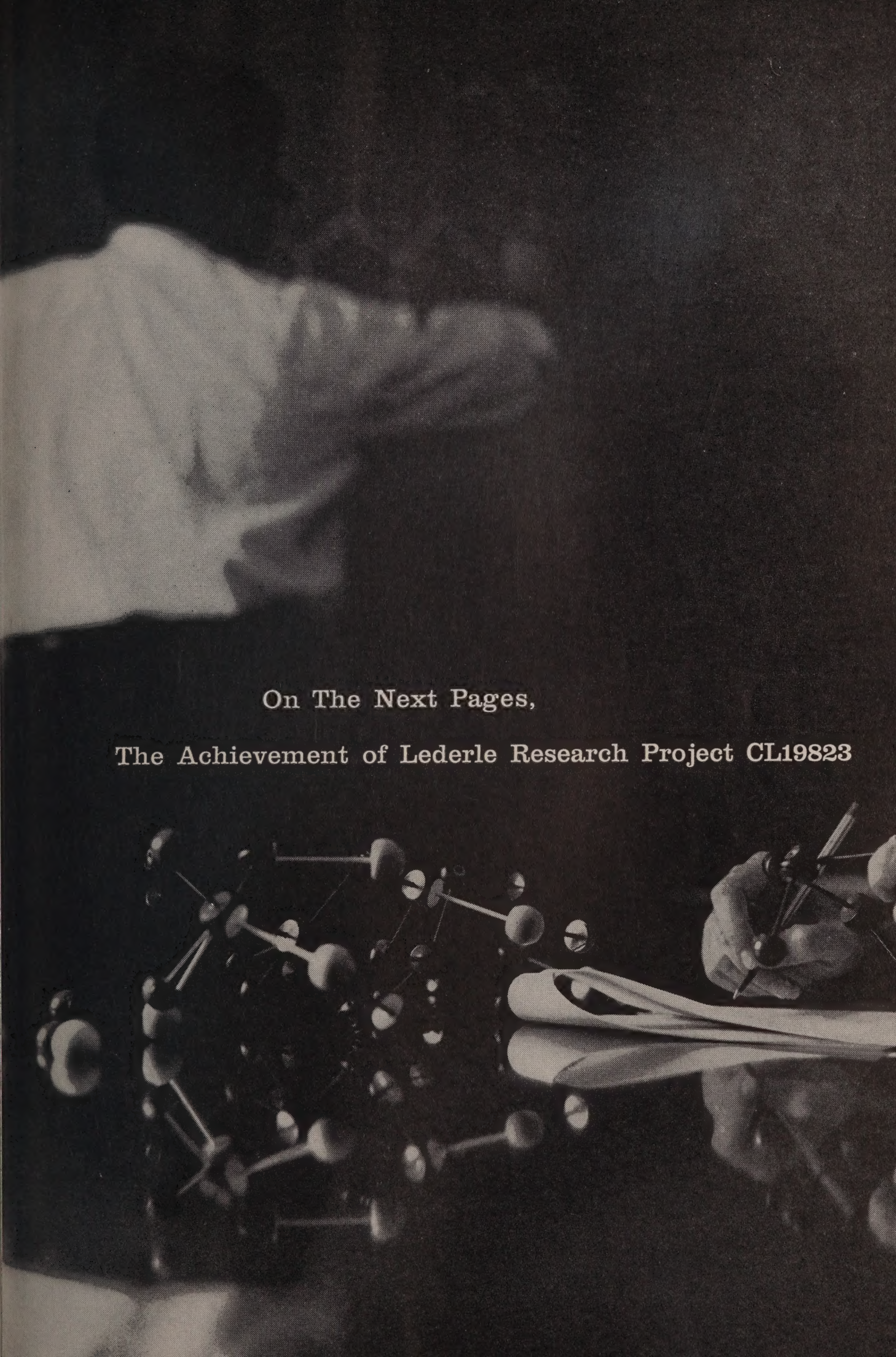
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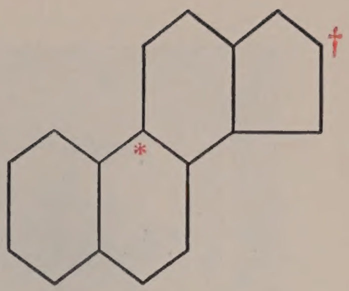

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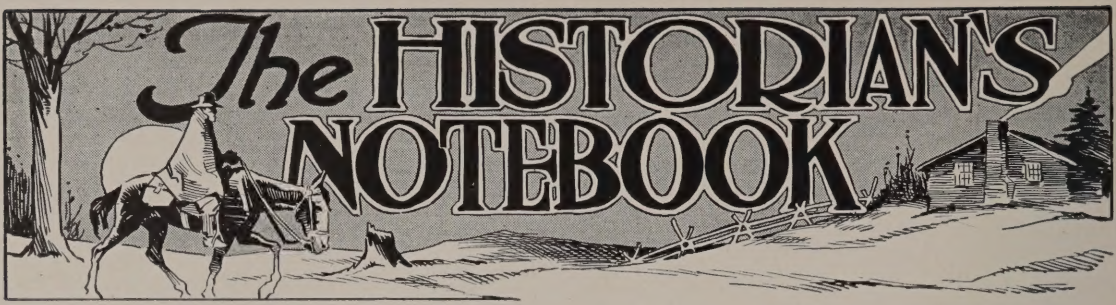

Governor Cox and Public Health in Ohio

ROBERT G. PATERSON, Ph. D.

PART I

WITH the death of the Honorable James Middleton Cox in Dayton on Monday, July 15, 1957, Ohio lost a statesman of the first rank. He was born at Jacksonburg, Miami County, Ohio, March 31, 1870. He lived 87 years, long enough to witness the triumph of his losing espousal of the League of Nations in his presidential campaign of 1920 when the charter of the United Nations came into effect on October 24, 1945.

Governor Cox was a champion of tuberculosis and public health work in Ohio throughout his three terms—1913-15; 1917-19; 1919-21, as chief executive of the state. In his Autobiography, *Journey Through My Years*[1] published in 1946, there is no word of his activities in these fields of endeavor. The probable explanation for this omission was due to his belief that such matters were beyond political controversy and required no defense. It is because of the omission that the record should be supplemented here in The Historian's Notebook of the definite accomplishments of Governor Cox in the promotion of public health in Ohio.

Constitutional Convention, 1911-12

When I returned to Ohio on May 1, 1911, Ohio was seething with active discussion of proposals to be submitted to the forthcoming Constitutional Convention.[2] An Act of the General Assembly in 1911 provided for the election of a Convention by nonpartisan ballot. The Convention was to meet on the first Monday in January 1912. Ohio was governed by the Constitution adopted in 1851. It was a straight jacket modeled for a rural population. Between 1851 and 1911 Ohio rapidly became an industrial community and the people recognized the necessity for many fundamental changes in the basic law of the state. The need for reform permeated all sections of Ohio.

The Author

- **Dr. Paterson, retired and now living in Tryon, North Carolina, is Executive Secretary Emeritus 1911-1946; Director of Research 1946-1952, Ohio Tuberculosis and Health Association.**

My first major task was to undertake a statewide survey[3] of the facilities available for combatting tuberculosis. Naturally in my travels to various places in Ohio I was exposed to all the pet arguments for amendments to the state Constitution. I also heard rumblings from physicians and public health workers that all was not well in the affairs of the Ohio Board of Health.

Crisis in Ohio State Board Of Health, 1911

The political crisis in the Ohio State Board of Health came to a head when Charles O. Probst, M. D. (1857-1933) the Secretary of the Board, resigned on August 10, 1911, effective, September 30, 1911. He had been Secretary since July 28, 1886. Thus he served in this capacity for 25 years. Dr. Probst has left a delightfully informal and privately circulated account of his recollections and reminiscenses of his work.[4]

In April 1912, Dr. Probst attended the Sixty-seventh Annual Meeting of the Ohio State Medical Association at Dayton and read a paper entitled "Tuberculosis."[5] In this paper he advocated the creation of a State Tuberculosis Commission[6] separate and apart from the state health authority. The Council of the Association endorsed his proposal.

On June 1, 1912, Eugene F. McCampbell, M. D. (1880-1937) assumed the duties of Secretary of the Ohio State Board of Health, taking over from Mr. James E. Bauman (1870-1950)[7] who had been appointed Acting Secretary on October 1, 1911. As Executive Secretary of the Ohio Society for the Prevention of Tuberculosis, I immediately placed before Dr. McCampbell the results of the tuberculosis survey I had made and the action taken by the Ohio State Medical Association on the proposal made by Dr. Probst at Dayton in April. I argued that since tuberculosis was a communicable as well as a preventable disease that the responsibility for the tuberculosis program should be lodged with the Ohio State Board of Health and not with a newly created State Tuberculosis Commission.

Action by OSMA Council, 1912

Dr. McCampbell agreed with my argument. Steps were taken to have called a special meeting of The Council of the Ohio State Medical Association in September to reconsider the action taken at Dayton. At this meeting Dr. Probst was present to urge The Council to hold firm to the decision taken by the Association. Dr. McCampbell and I appeared to advocate that the Ohio Board of Health be given responsibility for dealing with the tuberculosis problem. We based our argument upon the necessity for sound administration, economy and avoidance of confusion in the public mind. The Council reversed the decision of the Association and approved our proposal.

The Ohio Constitutional Convention composed of 119 delegates, finished its labors on June 6, 1912, after having been in session from January 9. As a result of its deliberations, out of 340 proposals debated, 42 amendments were proposed and were voted on in a special election held in September, 1912. Thirty-four of the 42 amendments were adopted. As Governor Cox has written, "these changes gave Ohio what was generally regarded as one of the most liberal of all state constitutions. Some of the changes were mandatory, some merely permissive—a fact which made the character of the next administration (which I was destined to head) of vital importance."[8]

Cox Nominated for Governor, 1912

In June, a State Democratic Convention met in Toledo and unanimously by acclamation nominated James M. Cox for Governor of the state. He was elected in November, 1912. Our problem was to devise ways to enlist the active interest and support of Governor Cox for our tuberculosis program. Through Robert H. Bishop, Jr., M. D. (1879-1955) of Cleveland, who was Executive Secretary of the Anti-Tuberculosis League of Cleveland, and much interested in the Ohio Society for the Prevention of Tuberculosis, an appointment was made with Mr. Cox through the good offices of the Honorable Newton D. Baker, (1871-1937) a leading Democrat in Cleveland and close political friend of Mr. Cox.

The appointment was made for me to see Governor Cox in December at the Neil House in Columbus. This was my first meeting with Governor Cox although I had heard him speak on several occasions. He listened attentively to my presentation, the crux of which was to ask for an appropriation by the Legislature of $25,000 annually for the biennium 1913-1915, for the establishment of a division of tuberculosis in the Ohio State Board of Health. Mr. Cox asked two or three pertinent questions and then said he would be willing to back the program, both in his message to the Legislature and in his budget request. The interview lasted no more than 15 minutes. Naturally from that day I have always had the greatest admiration for Governor Cox's ability to make prompt and firm decisions.

Parenthetically, the $25,000 requested meant an annual increase in the budget of the Ohio State Board of Health to $75,000 per annum. I recall that when the proposal was first discussed with Mr. Bauman, Acting Secretary of the State Board, his response was a skeptical disbelief that any such amount would be appropriated by the Legislature just for one disease. The pattern up to this time had been for the State Board to be content with small increases in its budget from biennium to biennium. In the 25 years the annual budget for the State Board had increased from $5,000 in 1886 to $50,000 in 1911.

(To Be Concluded in March Issue)

References

1. Cox, James M.: Journey Through My Years. New York, Simon and Schuster, 1946.

2. Journal of the Constitutional Convention of the State of Ohio, Convened January 9, 1912; Adjourned June 7, 1912.

3. Paterson, Robert G.: A Survey of the Tuberculosis Situation in the State of Ohio. Published by Ohio State Board of Health, February 1912, pp. 49.

4. Probst, Charles O.: Recollections and Reminiscences of Public Service and Public Health Workers. Mimeographed, August 1930, pp. 33.

5. Probst, Charles O.: Tuberculosis. Ohio State M. J., 8:279, May, 1912. (Read but not published.)

6. Several states had created state commissions: Maryland, 1902; Connecticut, 1909; Delaware, 1909; Massachusetts, 1907; Kentucky, 1912.

7. Paterson, Robert G.: James E. Bauman's Service to the State of Ohio. Ohio State M. J., Vol. 46, March-April Nos. 3-4, pp. 249-252; 341-344, 1950.

8. Cox, James M.: Op. cit. p. 123.

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Comitant Strabismus

HERMANN M. BURIAN, M. D.

INTRODUCTION

To institute a rational treatment of comitant strabismus it must be understood that strabismus is a complex condition. In the etiology of a case of comitant strabismus various innervational and non-innervational factors are operative. It is essential to determine in the individual patient to what extent each of these factors contributes to the appearance of the strabismus, since the treatment will be greatly influenced by the preponderance of one or the other of them. How the nature of strabismus can best be determined is the first problem in the diagnosis of strabismus.

THE ETIOLOGIC DIAGNOSIS

History

It can be stated in a general way that the more variable the condition is, the more it is likely that it is produced predominantly by factors of an innervational nature. Here the taking of the history can already be of help to the experienced ophthalmologist. If the parents report that the child's squint is inconstant and present especially when the child is tired or excited, and that they have noted it first when the child was two to two and one-half years old, it is very likely that innervational, accommodative, factors play a decisive role. If the squint was present from infancy and has been more or less constant, non-innervational factors must be suspected.

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Refractive Error

The determination of the refractive error is an essential step in establishing the etiologic diagnosis. The finding of a hypermetropia of + 2.00 D to + 4.00 D is strong evidence, though not conclusive proof, of the presence of an accommodative factor. The hypermetropia may be coincidental and only a minor element in the etiology of a strabismus due primarily to other causes. In children past the pre-school age a hypermetropia of less than + 2.00 D may be significant. On the other hand, a hypermetropia of more than + 4.00 D may not cause an accommodative strabismus, since the child may prefer blurred vision to the effort required to overcome the hypermetropia by accommodation. The final evaluation of the importance of the refractive error and with it of the accommodative factor depends on the effect which its correction has on the condition. This will be further dealt with in discussing the optical correction of strabismus.

Angle of Squint

Constancy of the angle of squint—i.e. its independence from passage of time, condition of the patient and conditions of testing—indicates that

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non-innervational factors play a significant role; inconstancy points to innervational factors.

The angle of squint should be measured for distance fixation (at least 6 m) and near fixation (33 cm) and while the patient wears glasses and is without them. Comparison of the four figures so obtained permits one to draw important conclusions. For example, if the angle of squint in an esotropic patient is larger for near than for distance fixation and if the glasses have a marked effect on the deviation, this allows one to classify the condition as being largely accommodative in nature. If the deviation, in an exotropic patient, is greater for near than for distance fixation, another innervational condition, a convergence insufficiency must be suspected. If, in any patient, the glasses have little effect on the deviation and if the angle of squint remains, in general, rather constant, other factors than these immediately apparent innervational factors are implicated. There exists then a *"basic"* esotropia or exotropia.

The deviation determined for distance fixation while the patient wears his glasses may be designated as the *static angle of squint,* whereas the deviation for near may be termed the *dynamic angle of squint.*

Although the etiologic diagnosis must be made before a patient is operated upon, the behavior of the deviation in deep anesthesia is of interest. A reduction or disappearance of the deviation under those circumstances is evidence for its innervational origin. If the deviation remains unchanged it is due to non-innervational causes.

Effect of Drugs

It must be expected that in the cases in which excessive accommodation has led to the deviation, the angle of squint will be altered when accommodation is influenced by pharmacologic means.

In many of these cases the installation of alkaloids of the atropine group which make it impossible for the patient to accommodate, results in a pronounced reduction of the angle of squint. However, this is not invariably true, even in typical cases of accommodative strabismus. In some instances, especially if the cycloplegia obtained is not complete, the angle of squint is even larger than before the drops were used. These patients continue to make an accommodative effort and it is this effort rather than the peripheral mechanism of accommodation which provides the stimulus causing overconvergence.

The use of drugs which stimulate the peripheral accommodative mechanism (pilocarpine, eserine, DFP), thus obviating the need for an accommodative effort, has, therefore, been advocated for diagnostic and therapeutic purposes. These drugs have proved to be of considerable help.

GENERAL PRINCIPLES OF DIAGNOSTIC TESTS

Objective and Subjective Tests

Although the tests used in the examination of the neuromuscular apparatus of the eyes are technically of the simplest, they may give thoroughly misleading results, unless the examiner is well acquainted with the essence of the tests and the proper technique in applying them. This is especially true since a number of these tests belong to the so-called "subjective" variety.

By "objective" tests are meant such tests in which the cooperation of the patient is reduced to a minimum—steady fixation—whereas in the "subjective" tests the result is determined by the patient's response to the test situation. There is nothing intrinsically better about the objective tests used routinely for the examination of the extraocular motility and binocular cooperation. In fact, some of the subjective tests have actually a greater potential accuracy than the corresponding objective tests. Both types of tests are necessary to obtain a full picture of the neuromuscular situation in a patient.

Role of the Test Situation

A major problem in all tests concerned with the behavior of the neuromuscular apparatus of the eyes is given by the stimulus situation with which the patient is presented. The correct selection of the stimulus situation is essential in obtaining the proper response and it may have to be varied in accordance with the nature or the particular aspect of the function which is being investigated. Thus, for instance, in determining the angle of squint for near a small fixation object, such as a small picture containing fine detail, will bring out the accommodative element much better than the bulb of a flashlight. The patient must exert his accommodation to see the details of the picture. He can see the flashlight without making a particular effort. It can easily be shown that the deviation measured may vary widely in accommodative cases in accordance with the type of fixation object chosen.

The role of the fusible material available to the patient in his binocular field of vision is also of paramount importance. Its presence may be objectionable or desirable, depending on what is being tested. In order to obtain the maximum deviation in determining the angle of squint subjectively by means of a Maddox rod or red glass, it is necessary to exclude insofar as possible all fusional stimuli. On the other hand, the presence of a large amount of fusible material is desirable to bring out the patient's full potential when testing his fusional amplitudes with a rotary prism or on a major amblyoscope. Similarly, one may be misled into concluding that a patient with exophoria has a very defective binocular cooperation, because he is unable to superimpose dissimilar targets in a stereoscope. However, the same patient may actually show that he possesses good stereopsis when tested with stereoscopic targets. Such patients need more potent stimuli to keep their eyes properly aligned and to exhibit normal sensory function than do people without exophoria.

DETERMINATION OF THE ANGLE OF SQUINT

Estimation of the Deviation

When it is not possible to measure the angle of squint because the patient cannot fixate or is too young to be tested by more quantitative methods, the deviation must be estimated by judging how far the reflection of a small light source is displaced from the center of the cornea toward the limbus. One millimeter of displacement from the center of the cornea corresponds roughly to 7 arc degrees.

This test can be made to be more quantitative in older children and adults by having the patients fixate on a light source and placing prisms of such power and direction in front of the fixating eye that the reflection of the fixation light is now centered on the cornea of the deviated eye. Errors due to parallax must be avoided by the examiner who should align himself as nearly as possible with the deviated eye of the patient.

In all tests in which the deviation is estimated by light reflection from the cornea the angle kappa is, of course, included in the estimate.

Prism and Cover Test

The main problem in the quantitative determination of the angle of squint is to achieve *effective dissociation* of the eyes. If dissociation is not complete the full amount of the deviation may not be elicited.

The prism and cover test makes use of an optomotor reflex which is initiated by the intent of the patient to fixate when the image of an object falls on a peripheral retinal area. This is the case when an eye deviates under cover and when the cover is transferred to the fixating eye. The movement of redress of the deviated eye is quantitative, i.e. proportional to the deviation. If the image of the fixation point is shifted nearer to the fovea by placing prisms in front of the eyes, the movement of redress is correspondingly smaller. It ceases altogether when the image is brought to fall on the fovea, i.e. when the angle of squint is fully offset by prisms.

In order to insure proper dissociation of the eyes, each eye in turn should be well covered and the test must not be performed too hurriedly, but the transfer of the cover must be effected quickly enough to avoid binocular stimulation while the cover is being transferred. In determining the endpoint it is of help not to stop when prisms of a certain strength appear to have neutralized the movement of redress, but to continue on until a definite movement in the opposite direction is noted and then to reduce the prism strength again until no movement occurs.

In some instances, especially in patients with exophoria, it is occasionally necessary to occlude one eye for 10 to 15 minutes to obtain dissociation of the eyes.

The prism and cover test is also widely used in determining the angle of squint in the secondary and tertiary diagnostic positions of the eyes to uncover and diagnose the possible presence of an incomitance, especially when vertical deviations are combined with horizontal deviations.

Objective Determination of the Deviation on a Major Amblyoscope

The objective determination of the angle of squint on a major amblyoscope is based on the same principles as is the prism and cover test.

In using these instruments it must, however, be taken into account that with their use the esodeviations measured are often larger, and the exodeviations smaller, than with the prism and cover test. This is due to so-called *instrument convergence*. A comparison of major amblyoscope findings with prism and cover test findings is, therefore, advisable. Exclusive reliance on major amblyoscope measurements is not recommended.

Subjective Determination of the Deviation

The subjective tests used in the determination of the angle of squint are of two types. The first type, represented by the red glass and Maddox rod tests may be designated as the *diplopia type*. In the tests belonging to this group a single stimulus (fixation light) is imaged on the fovea of the fixating eye and on some peripheral area of the retina of the deviated eye. It is the task of the patient to report where he localizes the image perceived by the deviated eye.

The second type of tests may be termed the *haploscopic type* and is represented, for example, by the Lancaster red-green test or the test for the subjective determination of the angle of squint on a major amblyoscope. In this group of tests there are always two stimuli presented to the patient, one to each eye. It is the task of the patient to adjust the position of the stimuli in such a way that they appear to him to be superimposed.

Assuming that the patient has normal retinal correspondence either type of test can be utilized to measure his deviation. However, the conditions of stimulation may create certain difficulties which must be considered.

In the haploscopic type of tests the patient will see the stimuli superimposed where they are imaged on the foveas of the two eyes. Now patients with heterotropia have a peculiar aversion to bifoveal stimulation. They will often try to avoid it by suppression, changes in the angle of squint or changes in retinal correspondence whenever the stimuli come to fall on the foveas of the two eyes. It may become then quite difficult to determine the angle of squint subjectively.

The same difficulty may also be encountered when the angle of squint is offset by means of a rotary prism in the diplopia or Maddox rod tests. I prefer, therefore, to use a tangent scale or tangent screen and to ask the patient to report how he localizes the double images. Suppression is also often a disturbing factor in the diplopia type of tests, but it can almost invariably be overcome by patience and some relatively simple manipulations (placing the filter or Maddox rod first in front of the dominant eye, making the patient fixate with the habitually deviated eye, placing a vertical prism of 5-10 prism diopters in front of one eye for a short time, etc.).

The haploscopic type of tests in any one of its many variations is particularly useful in cases of incomitance, especially when paresis of the vertical muscles are involved.

It must be realized that in all subjective tests a thorough dissociation of the eyes is just as important as in the objective tests. The filters used, or the arms of the major amblyoscope with their two targets, fulfill a twofold function: that of *dissociating* the eyes and of *differentiating* the visual fields of the two eyes. Whatever arrangements are used, they must be so devised as to satisfy both requirements.

FURTHER PROBLEMS IN DIAGNOSIS

Amblyopia and the Determination of Visual Acuity

Because of the great importance of *amblyopia ex anopsia* and the need for its early treatment it is imperative that an estimation of the visual acuity of a squinting patient be made as soon as possible. In infants the visual acuity cannot be determined by routine methods, but it is a safe rule to assume that if one eye is constantly deviated, or only rarely assumes fixation, this eye is or will become amblyopic. Treatment should be immediately instituted. In small children it is possible to estimate the vision by making him place marbles in holes, and similar devices, and in somewhat older children picture charts or illiterate "E" charts may be used.

It is of interest to point out here a peculiar behavior of amblyopic eyes. It is invariably true that the acuity of an amblyopic eye will be found to be higher if it is determined by isolated symbols rather than by symbols arranged in rows, as in a regular acuity chart. This is not the place to enter into a discussion of the reasons for such a response of amblyopic eyes. I wish, however, to emphasize that all patients with *amblyopia ex anopsia* should be tested with isolated letters, preferably illiterate "E"s which can be turned in various directions to increase the reliability of the test. Such isolated symbols are easily devised by cutting them out of a visual acuity chart and pasting them on squares or circles of non-glossy white cardboard of six or seven inches in sidelength or diameter.

Problems of Sensory Cooperation

Information about the sensory cooperation of a patient is of importance not only when the question of a possible functional cure arises. In many everyday situations it may become an eminently practical problem to obtain this information, for example when one is faced with the decision whether or not to operate on an adult with comitant strabismus and normal vision in each eye. In such a case our concern is not only with the cosmetic result, but also with a possible postoperative diplopia.

Actually, the sensory binocular cooperation can be tested with relatively simple means and does not necessarily require the services of an orthoptist, desirable as these may be.

Essentially there are three conditions which present problems and about which the ophthalmologist may seek information. These are the presence and depth of *suppression,* the *status of the retinal correspondence* and the *extent of the sensory cooperation.*

Disregarding the more complex methods of examination it can be stated that suppression can be evaluated by the ease—or the difficulty—with which diplopia can be produced in a patient by the use of prisms. For example, if an adult patient with heterotropia responds immediately with diplopia when the angle of squint is nearly offset by prisms and keeps on seeing double after wearing these prisms for some 15 to 20 minutes, caution is indicated in recommending a surgical procedure. If the production of diplopia meets with difficulties, the surgeon can approach the operation with some confidence that presistent postoperative diplopia may not ensue. The Lancaster red-green test is also convenient in establishing quickly whether or not there is deep suppression in the binocular field of vision.

As for retinal correspondence there are two very simple tests which every ophthalmologist can readily apply. One is the *red glass test* which belongs to the group of diplopia tests, the other the *after-image test* which is a form of haploscopic test. In the former a dark red glass is placed in front of one eye; thus the two images of a fixation light—one falling on the fovea of the fixating eye, the other on a peripheral retinal area in the deviated eye—are differentiated. If the patient reports that he sees two images separated by the distance required by his objectively determined angle of squint, he has normal correspondence; if not, his retinal correspondence is anomalous.

In the after-image test the visual directions of the two foveas are directly determined by establishing whether the centers of a vertical and horizontal after image, produced in the right and left eye, respectively, by fixating gaps in luminous lines appear to the patient to coincide or whether they are separated. In the first case the retinal correspondence is normal, in the second anomalous.

The therapeutic problems in which the status of the retinal correspondence is of significance are, for example, whether or not a functional cure may be expected, whether bifocals should be prescribed for a child and whether postoperative paradoxic diplopia may be anticipated in an adult.

The third condition—the extent of the sensory cooperation—may be tested by means of the *Worth Four Dot Test* in its modifications for distance and near fixation, and with a *stereoscope*. The Worth Four Dot Test reveals whether a patient suppresses, has diplopia or has fusion. The stereoscope allows one to ascertain whether he responds normally with superimposition, fusion and stereopsis to the various test cards. Prisms may be used to offset or reduce the angle of squint where necessary. When testing someone with a stereoscope it should not be forgotten, as has been pointed out before, that in certain patients cards containing strong fusional stimuli should be employed to reveal the potentialities of their sensory binocular cooperation.

Problems of Motor Cooperation

The problems of the motor cooperation relate to the ability of the patient to coordinate the activity of his extraocular muscles. Gross defects in the *versions* can be detected by testing the rotations. In the presence of an incomitance it can be established by one or more of the objective and subjective tests which muscle or muscles are involved.

In determining the ability of the eyes to perform *vergence movements* it is necessary to remember that these movements are produced by a shift in tonus in the extraocular muscles which occurs reflexly upon disparate stimulation of the two retinas. It takes a measurable amount of time for this shift to occur and a new distribution of tonus is not immediately achieved when the stimulus is removed. In other words, the effect of the stimulus persists for some time. It is evident from this that the power of a rotary prism should be increased slowly in measuring fusional amplitudes. One must, as it were, give the eyes time to "catch up" with the disparate stimulation, otherwise the fusional amplitudes of the patient will be underestimated. It also follows that it is unwise to determine fusional amplitudes of opposite sign (for instance convergence and divergence) immediately following one another. It is better to interpose the measurement of one of the vertical amplitudes.

Lastly, I wish to point to one feature of the determination of the fusional amplitudes which is frequently overlooked. The measurement of these amplitudes with a rotary prism has no meaning unless the heterophoric position of the patient's eyes is known. *The zero mark on the rotary prism has no physiologic significance.* Thus if a patient shows for distance an amplitude of 10 prism diopters base out and 20 prism diopters base in, his actual power of convergence is quite satisfactory, if he has an exophoria of, say, 12 prism diopters. The effective convergence in this case would be 10 prism diopters plus 12 prism diopters (the amount of exophoria which he has to overcome to keep his eyes straight) equals 22 prism diopters, whereas his divergence power is in effect 8 prism diopters (20 prisms diopters minus 12 prism diopters). If the amplitudes of fusion are measured on a major amblyoscope with the arms set at the subjective angle of the patient, as is customary, the amounts of 22 prism diopters of convergence and 8 prism diopters of divergence would automatically be obtained in this case.

GENERAL PROBLEMS IN THERAPY

Age of Readiness for Treatment

To the question: How soon should the treatment of a child with strabismus be started?—there is only one answer: As soon as the strabismus is discovered. Such statements as: Wait until the ophthalmologist can examine the child; Wait and the child will outgrow its squint, have been recognized to be fallacies. Of late years there is general agreement that no child is too young to have some form of treatment, although not all forms of treatment are suitable for children of every age.

General Principles of Treatment

It was stated at the beginning of this paper that an etiologic diagnosis must be made, since this diagnosis determines our choice of therapeutic procedure. The reason for this is the basic principle governing the treatment of comitant strabismus that, insofar as this is possible, innervational conditions should be treated by nonsurgical means, whereas non-innervational conditions require surgical treatment. I am firmly convinced that patients with purely accommodative strabismus or pure convergence insufficiency should not be operated upon. I am just as firmly convinced that it is useless to attempt to cure a "basic" heterotropia, as defined above, with glasses or exercises. Such patients are in need of surgery. A combination of innervational and non-innervational elements is present in the majority of patients and a combination of nonsurgical and surgical means of treatment is, therefore, indicated in most cases.

NONSURGICAL TREATMENT PROBLEMS

Problems of Optical Correction

Correction of the refractive error is the firm basis of the nonsurgical treatment of strabismus. The patient must be given appropriate glasses and must wear them for a certain length of time so that their effect on the deviation can be evaluated.

Simple as it may seem, the optical correction poses many problems, some of which will be briefly discussed.

What are "appropriate" glasses? In general we shall wish to give to the patient with esotropia the maximum plus (or minimum minus) correction; to the patient with exotropia the maximum minus (or minimum plus) correction. Does this mean that we should always prescribe for the esotropic patients the full cycloplegic findings?

The visual acuity afforded by the glasses must be adequate to serve the patient's needs. In a preschool child the full atropine correction is as a rule well tolerated since the distance vision is of minor importance. In older children the vision with the glasses must not be worse than without them, in order to induce the child to wear the glasses at all times, and maximum obtainable visual acuity is desirable for work in school. In older children the cycloplegic findings will, therefore, have to be reduced in ordering glasses.

A problem which is sometimes overlooked is that of the *smallest* hypermetropic correction which it is worth prescribing for children with esotropia. I have found frequently that a correction as low as + 1.00 D sph O. U. has a decidedly beneficial effect on the alignment of the eyes. I should urge that even such corrections always be tried, especially in the somewhat older children.

The wearing of glasses may produce one of the following results: (1) it may reduce the angle of squint to zero for distance and near fixation and the child may even gain normal binocular vision; (2) the angle of squint may be reduced to zero or almost to zero for distance fixation, but there may remain a significant deviation for near; (3) the angle of squint may be reduced, but not eliminated for both distance and near fixation; (4) neither the deviation in distance fixation nor the deviation in near fixation are affected by wearing the spectacle correction.

In case (1) we are in the presence of a purely accommodative esotropia; in case (4) the accommodative factor is absent or only of minimal importance; in cases (2) and (3) the wearing of the glasses has given a partial result. Particularly in the patients in group (2) one should investigate the effect of additional plus lenses on the deviation in near fixation. If such additional lenses reduce the angle of squint to a minimum and if the patient has normal retinal correspondence, bifocal glasses are in order.

In prescribing *bifocal lenses,* I have found that it is wise to follow certain rules. In general, children tolerate and use bifocal glasses very well, but care must be taken that the bifocal segment is large and set high enough. I prefer a large segment (28 mm. wide or more) with a straight top which is set so high that the top of the bifocal segment bisects the pupil when the child looks straight ahead. The strength of the bifocal segment must be determined by measurement in every case (prism and cover test) and the minimum additional plus power is chosen which will keep the eyes straight, or most nearly straight.

While we always tend to prescribe the maximum plus correction for esotropic patients and even order bifocals, the maximum plus power is not always the appropriate glass for a child. When we wish to enable patients with accommodative strabismus to do without glasses we will often attempt to reduce the plus correction, in the course of time, and seek the weakest lenses which will ensure proper alignment of the eyes. Such a procedure, in combination with orthoptic exercises to dissociate accommodation and convergence and to develop fusional amplitudes, is usually the treatment of choice in accommodative esotropia. On the other hand, minus lenses overcorrecting the myopia, or even in the absence of a myopia, are sometimes given to stimulate accommodation in intermittent exotropia and similar situations.

The optical correction is not always aimed at the normalization of the relationship of accommodation and convergence alone. Occasionally we shall want to influence the angle of squint directly by means of *prisms*. A general discussion of the use of prismatic corrections is outside the scope of this presentation. I wish to point out here only that vertical prisms are often very helpful in assisting in the restoration of secure binocular vision, especially where there is a small vertical deviation present after surgery on the horizontal muscles.

Problems of Occlusion Therapy

The great value of *constant and complete occlusion* of the fixating eye in the treatment of *amblyopia ex anopsia* is so well established that it is unnecessary to dwell upon it. However, it must be pointed out that those who have made use of occlusion therapy have found that in addition to being an excellent means of restoring vision to amblyopic eyes it is also helpful in improving the excursions of an eye, as in the frequent weakness of abduction in esotropia, and that, in the form of alternate occlusion, it is a potent adjunct to the therapy of anomalous correspondence.

For all its usefulness in combating amblyopia occlusion as such is a *passive form of treatment.* It can only be really effective if the patient makes an effort to use the amblyopic eye. It is wise to impress this on the parents and to plan with them a regular schedule of tasks to be performed by the patients with the amblyopic eyes.

While occlusion is in itself a very simple procedure, it nevertheless raises a great many problems. When should one occlude? How long should one occlude? At what age does occlusion become ineffective? What are the side effects of occlusion and are there any contraindications?

Briefly stated, occlusion of the fixating eye is indicated whenever there is direct or presumptive evidence for an amblyopia ex anopsia. As has been pointed out, presumptive evidence exists when a baby whose visual acuity as yet cannot be determined presents a constant, strictly monocular deviation. Occlusion should be continued until the vision in the two eyes is equal, or until there is no further improvement in the vision of the amblyopic eye over a period of two or three months. If the vision of the two eyes has become equal or nearly equal, one may then proceed with alternate occlusion, the goal being to achieve free alternation and normal retinal correspondence.

It is clear that occlusion is the more likely to succeed, the younger the child is when the treatment is begun. But even in older children good results can be obtained, given sufficient cooperation on the part of the patient. Actually, the potentialities of an amblyopic eye for an improvement of its visual acuity are never entirely lost. With the strongest motivation of them all for the use of an amblyopic eye—the loss of the fixating eye—a remarkably high degree of visual acuity does occasionally return even to amblyopic eyes of adults and indeed of persons of advanced age.

The side effects of occlusion may relate to the eyes themselves or they may be of a more general nature. Reduction in vision of the occluded eye, production of a manifest deviation or of a so-called "occlusion hyperphoria" are relatively easily dealt with by the experienced ophthalmologist. General reactions (stammering, etc.) are rare but they may be severe enough to make it necessary to stop this form of treatment. Occlusion is contraindicated in the presence of a large anisometropia (4 or 5 D or more).

Problems of Orthoptic Treatment

Orthoptic treatment is a vast subject which poses many problems. It can not be discussed here in its broad aspects. Only a few points relating to comitant strabismus will be raised.

In the treatment of patients with comitant strabismus there are two areas in which orthoptic exercises are particularly useful. One is made up of patients in whom sensory and innervational factors are the predominant cause of the strabismus and in whom orthoptic training of itself constitutes sufficient treatment. The other field of application is the field of sensory abnormalities existing in comitant strabismus. The sensory defects—such as amblyopia, suppression and anomalous correspondence—must be removed if a functional cure is to be achieved. It is attempted by orthoptic exercises to give the patient good fixation and good vision in each eye and to rid him of abnormal suppression and anomalous correspondence. If one has been successful in this and if, where necessary, the alignment of the eyes has been corrected by surgery, the attempt may be made to improve the binocular cooperation further by giving the patient fusional amplitudes. If one succeeds in establishing good amplitudes, the patient may also attain stereopsis.

Secure binocular vision is unquestionably a highly desirable goal. Orthoptic exercises are a valuable means of helping the patient to achieve this goal. But they should be used with discretion. Not every case which may be amenable to orthoptic treatment must also necessarily be so treated.

Obviously, all cases should be given orthoptic treatment in which it may reasonably be expected that exercises may influence beneficially the manifest deviation. The same holds true especially for all cases of latent deviations in which exercises may rid the patient of symptoms. If it is neither a matter of reducing a deviation or giving comfort, but a matter of establishing binocular cooperation, judgement should be exerted in the selection of cases. It may be the part of wisdom—for social as well as medical reasons—to leave some patients alone and to rest content with a cosmetic surgical result.

Nor should orthoptic treatment be instituted in the belief that abnormal sensory conditions affect the surgical result adversely. Preoperative orthoptic treatment is doubtless desirable, but I have never been able to prove to my own satisfaction, except in cases of eccentric fixation, that the failure of an operation was due to the presence of sensory anomalies, say to an abnormal correspondence. To be sure, the surgical result is best if the patient has or regains binocular vision. This transforms the heterotropic patient into an heterophoric individual and such an individual, by definition, keeps his eyes straight. But this is not to say that the sensory status of the patient as such endangers the result of an operation.

It seems to me that ideally every patient with comitant strabismus who comes to the attention of an ophthalmologist should have an orthoptic evaluation. This orthoptic evaluation will tell the ophthalmologist whether or not the conditions are favorable for orthoptic training and whether or not orthoptic training would seem to be desirable. If training is indicated, then the patient should have pre- and postoperative treatment, if operation is needed. The preoperation treatment should be carried out to the point at which in the opinion of the orthoptist and the ophthalmologist the treatment has yielded the maximum benefit which can be expected. The postoperative treatment should begin as soon as possible after surgery, preferably within a matter of days.

SURGICAL TREATMENT PROBLEMS

General Indications for Surgery: Age of Patient

In considering surgical treatment the first question to be answered is this: Why do we operate on this patient with comitant strabismus? The answer to this question may be: for cosmetic reasons, or to achieve a functional result, or both.

It is necessary to ask this question whenever surgical intervention is contemplated, since the surgical procedure to be chosen depends to some extent on the purpose for which it is performed. For example, if we operate solely for cosmetic reasons, the age of the patient is in itself no factor in the success, although type and extent of operation vary with the patient's age. If a functional result is aimed at, the age of the patient is most important. It stands to reason that the earlier an operation is performed the better are the chances for a functional cure by allowing the patient to grow up with properly aligned eyes.

But how early is early? Should we operate on a 6 month old infant? Or is the lower age limit 18 months or 2½ years? Some of the most experienced surgeons in this field operate on children as young as 9 to 12 months old, but I am inclined to be more conservative. Unless the angle of squint is very large and constant and the refractive error insignificant, I prefer to wait until such a time when I feel that I have sufficient information to make with confidence a decision about the surgery to be performed.

As I have pointed out, the surgical procedure must be directed against the non-innervational factors. To analyze a case of strabismus in an infant is not always easy. The angle of squint tends to be variable. We know of the prevalence of tonic convergence in young children and we know that there is, in general, over the years a trend toward a reduction in the angle of squint. But there are certain facts which help us in the analysis of these cases.

If one eye is constantly deviated, this is presumptive evidence of an existing or potential amblyopia ex anopsia. Occlusion—or if this is not feasible—atropinization of the fixing eye, must be instituted. The effect of the wearing of a refractive correction should be investigated even at this early age. The behavior of the excursions of the eyes should be known. When effective nonsurgical treatment is instituted and the patient is carefully supervised there is no time lost and no danger in postponing the operation until the child is 2 or 2½ years old, by which time much other valuable information about the case can be gathered.

Choice of Operation

When the decision has been reached that surgery is necessary, the problem arises which muscle or muscles to tackle.

Since there are fundamentally only two procedures which can be performed on the extraocular muscles, one must either weaken the action of an agonist, or strengthen the action of the antagonist, or both. To determine which course of action is the wisest, one should always keep in mind that it is best, whenever possible, to work on the muscles whose action is in some way at fault.

How does one go about ascertaining which ones these muscles are? A careful study of the ocular rotations has proven most useful to me in accomplishing this task. In most cases of esotropia one will find more or less of an excess of adduction and occasionally a more or less pronounced defect of abduction. In patients with exotropia there may be a weakness of adduction or an excess of abduction, or both. Correspondingly, there are deficient and excessive actions of vertical muscles when a vertical deviation is combined with a horizontal deviation.

In attempting to straighten a pair of eyes by surgery, *the goal should be to normalize the excursions of the eyes.* When this is achieved, the angle of squint is usually automatically reduced to a minimum.

In accordance with these principles I always weaken the action of an overacting muscle, or strengthen the action of its antagonist when there is a weakness, or combine the two procedures when both the agonist and the antagonist appear to be at fault.

The attempt to normalize the rotations implies that we wish the postoperative result to be such that the ocular movements are even, smooth and comitant. This desire to achieve comitance has lately led to renewed emphasis on symmetrical operations on the two eyes, especially on simultaneous recessions of equal amount of the two medial rectus muscles for patients with esotropia. It seems to me that the routine use of one type of operation—either symmetrical or asymmetrical—is not desirable. I prefer to stress symmetrizing rather than symmetrical operations.

If the study of the rotations reveals an asymmetry, I shall attempt to remove this asymmetry by making a more extensive operation on one muscle than on the other, say a 3 mm. recession of the medial rectus of one eye and a 5 mm. recession of the medial rectus of the other eye. If the rotations of one eye are much more abnormal than those of the other eye—as is so often the case in monocular squint—I may do a recession-resection operation. Here again, I shall be guided by the behavior of the rotations in determining how much to do. I shall always rely on one operation as the main operation, aimed at the more abnormal rotation, using the other more or less as an adjunct. The important thing to be remembered is that one should always make a fresh decision in each individual case; routine use of one type of surgery to the exclusion of all others is bound to lead to disappointment.

Factors Affecting the Surgical Result

The effect of operations on the extraocular muscles is notoriously unpredictable in terms of degrees of correction per millimeter of recession or resection of a muscle. This is a source of much distress to those who are first approaching the subject.

With increasing experience one finds, however, that certain factors afford helpful hints as to the probable effectiveness of a certain procedure in a given case.

Generally speaking, the effect of the same operation is relatively greater if the angle of squint is large and if the rotations are more abnormal, than when the same operation is performed on a patient whose angle of squint is small and the rotations are less abnormal. I interpret this to mean that the more stable the angle of squint and the less prominent the innervational factors, the greater is the effectiveness of an operation.

It must also be kept in mind that the effectiveness of an operation is much less predictable when an innervational element, especially an accommodative element, is prevalent. I have not found, however, as was mentioned before, that such sensory factors as anomalous retinal correspondence influence the surgical result adversely. But the presence of an extreme, intractable amblyopia is, indeed, often a major obstacle to a satisfactory surgical result. If one does not do enough, for fear of overdoing, the eye will frequently return to its peroperative position. If one does a more radical operation, because of the well known tendency of the eye to slip back, one may obtain an overeffect.

Lastly, one of the most important factors affecting the surgical result is the technique employed. The manner of freeing the muscle, the manner of placing the sutures, the manner in which a muscle is severed from the sclera, the manner in which the wound is closed, the amount of scar tissue produced, all have a more important effect on the final outcome of the operation than the actual amount or recession of the insertion. In the last analysis each man has to work out his own technique in this respect. And it is because of the differences in operative technique that only operations done by one man in the same fashion are really comparable and that it is so very difficult to advise someone else how much of an operation he should do in a certain patient.

Year Book of Medicine: 1956-57, by Board of Editors. ($6.75. *Year Book Publishers Inc., Chicago 11, Ill.)* Hundreds of papers have been selected for abstracting by competent workers and comments made by the distinguished editors. The current volume if anything is better than its predecessors and constitutes a must for physicians who wish to keep abreast of the times.

Penetrating Foreign Body

A Case Report on Preventable Blindness

WILLIAM H. HAVENER, M.D.

A BLIND EYE is a serious loss to both patient and community. Awareness of the preventable nature of a significant portion of this blindness should help in reducing the incidence of such tragedies. The representative cases to be presented here are selected to emphasize relatively common causes of blindness, which can in many instances be averted by proper, timely care.

Case Report

Explosion of a cartridge occurred when this 12 year old boy struck it with a hammer. Minimal blurring of vision and slight pain in the right eye was noted immediately. The boy did not disclose the nature of this incident until a week later and the mother, not suspecting a major injury, did not call a physician for three days. After three days the eye had become extremely painful and red, was filled with greyish purulent material, perceived only light, and was considerably proptosed.

The diagnosis of panophthalmitis and orbital cellulitis was easily made. X-ray showed a 1 by 2 by 4 mm. metal fragment lodged in the orbit. This had apparently traversed the globe, leaving visible only a minute laceration in the inferior cornea. The patient was given 1,000,000 units of penicillin, 2 Gm. of streptomycin, and 6 Gm. of Chloromycetin® daily. Surgical removal of the infected fibrin clot from the anterior chamber was done, and the wound sutured.

Within 24 hours no organisms could be cultured from the eye, and several days thereafter the inflammation had greatly subsided. There remained a densely opaque and organized vitreous, and barely light perception was present one week following the injury.

Discussion

The danger of leaving any type of high explosive accessible to children is too obvious to require further emphasis. A surprising feature of ocular injury by tiny, high velocity fragments is the very slight pain and minimal visual disturbance noted at first. The wound of entry is tiny and inconspicuous and is easily overlooked in the transparent cornea. A small, innocent-appearing subconjunctival hemorrhage may conceal a scleral entry. Fluorescein staining may be helpful in localizing a wound during the first half day, but usually the wound is healed and does not stain within a day or two. Small holes in the iris are readily seen, especially in the ophthalmoscopic red reflex, and usually signify penetrating ocular injury. Presence of a traumatic cataract is another indicator of penetrating injury. One should certainly obtain a roentgenogram whenever the possibility of a penetrating wound exists.

Intraocular bacterial infections may develop very rapidly. Once well established, such infections almost invariably destroy sight. Best results are achieved by prompt and intensive prophylactic antibiotic therapy, instituted within a few hours of injury. Upon making the diagnosis of intraocular penetration, the physician is well advised to give a generous dosage (note dosage in above case) of antibiotic immediately, before sending the patient to his ophthalmologist.

Iron and copper particles will cause chronic degeneration if lodged within the eye, and should be removed if at all possible. It is most difficult to remove nonmagnetic particles from the posterior eye. Extraocular foreign bodies are well tolerated, and the trauma of removal is ordinarily not justified.

Use of protective goggles is most valuable in preventing industrial eye injuries of this type. Even an ordinary pair of glasses will give almost complete protection against very tiny particles. Frequent offenders are stone and metal chips from hammering and chiseling in the course of home repairs. Goggles should certainly be worn when working about power grinding and cutting tools.

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Erratum

In the December 1957 issue of *The Journal,* (pages 1421-1423), a mistake was made in the article entitled "Upper Respiratory Infections, Antimicrobial Agents and Acute Rheumatic Fever," by David H. Greegor, M. D. The administration of 300,000 to 600,000 units of procaine penicillin every three days for three injections has not been recommended by the American Heart Association as a method for therapy of streptococcal infections in the prevention of rheumatic fever.

The dose is correct, but the preparation is procaine penicillin *with aluminum monostearate in oil.*

Vertigo and Dizziness

DWIGHT M. PALMER, M. D.

Introduction

VERTIGO is the medical term used to describe the condition in which the patient experiences an unusual and abnormal sensation of turning or rotating. The term, *vertigo,* is derived from the Latin verb, *vertere,* meaning to turn; and the diagnosis implies that the subject has a subjective impression of either turning of his head or body in space or that perceived space is turning or rotating about the patient himself. Vertigo is an aspect of disordered equilibrium.

Dizziness comes from the Anglo-Saxon word, *dysig,* meaning foolish and the real meaning of the term is that of foolishness or mental confusion or unsteadiness of mind. However, the word dizziness is commonly used, as is a parallel term, *giddiness* (from the Anglo-Saxon, *gydig,* signifying insane) to describe conditions of unsteadiness, sensations of falling and lightheadedness as well as true vertigo.

Moreover, to add to the confusion, both words, dizziness and giddiness, have been used to describe mental uncertainty rather than confusion of mental content. The term, *lightheaded,* should refer to floating or lack of mooring of the head and hence to fickleness or uncertainty, or perhaps to a lack of stability and solidarity in one's position. But, again, lightheadedness has been used to describe a variety of states ranging from vertigo through dizziness to faintness. The latter term derives from ancient meanings which implied a pretending of weakness. This usage may have been based upon the insight that the faints of some persons are escapes from reality, although not necessarily consciously motivated as such. The modern meaning of fainting is that of impaired consciousness due to lack of blood supply to the brain.

It is important that the terms vertigo and dizziness be defined carefully and that they be differentiated from each other as far as is possible. The two states should also be separated from the condition of faintness or syncope. Some authors have attempted to separate vertigo from dizziness by calling vertigo true dizziness or just dizziness, and by denoting ordinary dizziness as false dizziness. This is more or less a play with words and, in the opinion of the author, may only add to the confusion. Other writers have tried to define vertigo as a feeling of turning or rotating as stated above, and to equate the conception of dizziness with syncope or fainting. The latter usage does not appear to be accurate since some patients with dizziness have a normal cerebral blood supply.

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It would appear that a better approach is for the physician to carry out protracted and detailed history taking from his patients in order to determine just what the patient means when he uses such common terms as dizzy, giddy, faint, lightheaded, etc. Then, it will probably be found that a rather small percentage of patients will mean vertigo, while others will imply lightheadedness, giddiness or faintness; and still others may allude to fear and insecurity.

Anatomy and Physiology

The positioning of the body in space is accomplished by the use of sensory information brought in from the receptors in the vestibular mechanism, the eyes, the tactile receptors, principally those in the soles, and the muscle-tendon receptors, especially those in the lower limbs, back and neck. This information is received and classified or associated in the cerebellum and in the temporoparietal lobes of the cerebrum. Those parts of the brain feed patterns of impulses into the descending extrapyramidal and pyramidal tracts to give motor equilibration. At the same time the person has a subjective feeling of being secure in space.

If the space perceptions from the different sensory organs are not in harmony with each other, the individual will be uncertain about his position in space and he will sense this as some form of vertigo or dizziness. As long as the individual is not aware of the conflicting sensory impressions he will not be vertiginous or dizzy. For example, a person may be rotated in a revolving chair many times without causing him to have vertigo if the room is absolutely dark.

THE VESTIBULAR MECHANISM. Each membranous labyrinth is a complicated coiled epithelial tube that lies inside a corresponding bony labyrinth within the petrous portion of the temporal bone. The membranous labyrinth consists, on each side of the head, of three curved tubes which are called semicircular canals and of two sac-like structures, the utriculus and the sacculus. All of these are connected parts of a single hydrodynamic system.

The semicircular canals serve as a mechanism not only to record the movement of the head but also the termination of the movement. The central connections of this apparatus serve to correlate these happenings with other functions. The main adjustment is between movements of the head and those of the eyes. During movement of the head in one direction the eyes are held toward the opposite direction and then, as movement of the head stops, the eye movement is reversed and the eyes are brought into line with the direction of the head. Ordinarily, the movements of the eyes are so quick as not to be noticeable. However, if the rotation of the head is sudden and prolonged an apparent jerking of the eyes, called nystagmus will occur.

In contrast to the semicircular canals, it is believed that the utriculus and sacculus give rise to a continual discharge of sensory impressions, a constant recording of the position of the head over long periods of time. This sustained activity supplements the intermittent activity of the semicircular canals.

THE EYES. In man, the visual mechanism is more important in the control of posture at the conscious level than is the vestibular mechanism. The eyes serve to give the individual an orientation of himself in space in terms of a three dimensional picture of a portion of his surroundings. This perception of the environment, to be effective, should be in sharp focus and of good depth throughout its extent.

THE TACTILE RECEPTORS. A relatively small aspect of posture control is that brought about by patterns which are activated by tactile impulses, especially those from the soles of the feet. This furnishes a sensory input which tends to activate the body image of the cortex and this in turn serves as a focus for the organization of the conscious appreciation of one's position in space.

THE MUSCLE-TENDON RECEPTORS. Each time a muscle is used there is a sensory input from it which conveys information concerning the status of the muscle. These are the so-called feedback circuits which are essential to the regulation of the motor output to the muscles. With respect to posture, the feedbacks from the neck, lower limbs and back are primary components of the machinery for the maintenance of the upright position.

THE BRAIN STEM. The brain stem consists of the medulla, pons and midbrain to which is attached the cerebellum. This position of the nervous system contains many pathways that are associated with equilibrium. The most important ones are those which coordinate the movement of the two eyes in a conjugate fashion in all axes, and those that coordinate eye movements with neck movements and with sensory information from the vestibular mechanism, the skin, the muscles and tendons.

THE CEREBRAL CORTEX. Among other functions, the cerebral cortex serves to organize the muscle functions in terms of the consciously perceived needs. There is built up in the parietal lobe an organization of information about the somatic part of the body which is called the body image or body scheme. This is an ever-changing representation which is constantly being activated by incoming information from the receptors—skin, muscles, and tendons, vestibular mechanism and eyes.

PSYCHOLOGICAL ASPECT. There is also a symbolic aspect to equilibrium. The normal person with good equilibrium has a feeling of sureness and certainty about his stability. Such an individual is not concerned with a need to hold on or with a fear of falling. He also has the feeling that his environment is definitely in place and that he has his muscles under control as he relates himself to his surroundings.

Symptoms and Diagnosis

The machinery for the control of posture or equilibrium may be damaged in the inner ear, in the vestibular nerve, in various receptors (the eye, and muscle-tendon receptors), in the brain stem, or in the cerebral cortex. There are also psychopathological considerations.

THE VESTIBULAR MECHANISM OF THE INNER EAR.

Labyrinthitis—This may occur in an acute or chronic form. Acute labyrinthitis may be due to infection, injury or vascular disease and may take place at any age. The symptoms usually occur in rather short bouts or episodes, lasting from a few minutes to an hour or two at the most. With each attack there is a sudden onset of severe vertigo, nystagmus, dysequilibrium and usually of nausea and vomiting. The illness may last for several days or even a few weeks with a gradual decrease in severity of the individual attacks.

Labyrinthine vertigo is accompanied by spontaneous nystagmus which appears in both eyes and usually in a horizontal plane, although there may be a mixture of horizontal and rotary components. The patient maintains his consciousness but may be prostrated with vertigo and weakened by a fall in blood pressure. At the time of the paroxysm there is almost always some tinnitus. If the patient is able to analyze his perceptions, he will say that external objects appear to move in the direction of the fast component of his nystagmus. Between attacks some deafness may be noted, and this may be of diagnostic value when it is unilateral.

Chronic labyrinthitis is not as common as one might expect; the symptoms are mild and intermittent. One interesting variety of this condition is positional vertigo in which the disturbance appears in only one position of the head. It has been postulated that some of these patients may suffer vertebral artery compression on rotation of the neck. However, Dix and Hallpike have reported cases that appeared to be of this positional type of vertigo in which they found definite pathology in the utriculus and sacculus.

Ménière's Syndrome. This is a poorly understood condition that is thought by some to represent a recurrent labyrinthitis, although most workers agree that the exact pathology is not known. It is a fairly common condition, is seen more often in men, and is a disease of middle life. It is described as recurrent paroxysmal labyrinthine vertigo although the cochlear mechanism is also involved in the majority of cases. It is characterized by recurring attacks of severe vertigo accompanied by tinnitus and loss of hearing. Each attack is paroxysmal and may be so sudden as to strike down the person. The patient is usually quite ill with the vertigo and is nauseated and sweaty. He may have nystagmus during the attack. The syndrome tends to continue irregularly but remissions are not unknown. As time goes on there is usually progressive loss of hearing. Each individual attack is usually much shorter than that seen in acute labyrinthitis.

Motion Sickness. This condition is apparently related to overuse and irritability of the vestibular mechanism. There is a great variability in susceptibility to motion sickness and the severity of the vertigo varies from patient to patient.

THE VESTIBULAR NERVE. The most common cause of irritation of the vestibular nerve is an acoustic neuroma in the cerebellopontine angle. Along with the vertigo and nystagmus from vestibular involvement there is likely to be tinnitus and impaired hearing from cochlear involvement, and signs of pressure on the ipselateral sixth (abducens) and seventh (facial) nerves.

There is also a vaguely understood condition of vestibular neuronitis. Dix and Hallpike have reported cases of this type in which there was focal infection in the nose and throat and a slight increase in the sedimentation rate.

THE EYES. Visual disorders may cause a variety of complaints ranging from a feeling of insecurity to uncertainty as to one's position in space and staggering. Errors in refraction may cause the person to feel like he is looking through an uneven section of window glass. There may also be alterations in space perception and in the size and appearance of objects. Some of this may be subjective and the patient may feel that either he is far away from the ground or that it is coming up to meet him. There is likely to be severe but usually temporary vertigo following the onset of double vision. If the deviated eye is being used, the patient may feel that the environment is moving.

THE TACTILE RECEPTORS. Loss of tactile sensation, especially from the soles of the feet, will cause considerable disability in posture and gait. The feeling is not that of true vertigo but of uncertainty as to where the ground is. The difficulty will be increased if the patient has an additional muscle-tendon receptor loss, or if he closes his eyes.

THE MUSCLE-TENDON RECEPTORS. The characteristic difficulty in this condition is the inability to stand with the eyes closed (positive Romberg test), and the inability to walk in the dark. The condition is one of sensory ataxia.

The neck muscles play a greater part in the production of vertigo than is generally believed (Ryan & Cope). Interference with the tonic neck muscle reflexes may distort the sensory picture of body posture carried inward from these muscles and cause a lack of harmony between neck muscles information and ear and eye information. The normal activity of the neck muscles in the process of equilibrium control may be interfered with by arthritis with fixation of the cervical spine, unusual stretching of the neck muscles, or traumatic spasm of those muscles.

THE BRAIN.

Brain Stem. The vertigo of brain stem disease is more continuous and each episode lasts longer than that of inner ear or vestibular nerve disease. In fact, there are no true paroxysms although something of that nature may be elicited by movements of the head.

There are other signs of brain stem disease. The more common of these are: double vision, numbness of one side of the face, difficulty in speech production, incoordination of the limbs, and any form of nystagmus. The nystagmus is coarse and rather oscillating. It is particularly diagnostic when it occurs in only one eye and in a vertical direction. Deafness is rare in brain stem disease.

Cerebral Cortex. The vertigo of cortical irritation may be severe but it is likely to be transient.

When it occurs as a vestibular aura in convulsive disorders, it is extremely brief. Vertigo may also appear as a rather fleeting stage early in the course of a migraine headache.

Entire Brain. Any condition which brings about a sudden reduction in the quantity or quality of the cerebral blood flow will change the metabolism of the cerebral neurones and affect their function. Cortical neurones are especially responsive in this regard, and, within a few seconds of impaired blood supply, will begin to dysfunction.

The subjective experiences of the patient with this condition range from lightheadedness through faintness to blackouts. Prolonged alterations are likely to cause lightheadedness and mental fogginess which the patient may describe as dizziness.

Circulating toxins, either exogenous or endogenous, may have a similar effect on the cerebral neurones.

Mental or Symbolic. An individual who is afraid that he is losing hold of himself mentally or who is concerned about falling from a given position of mental stability may symbolize or dramatize this by complaining of dizziness. He may thus mean that he cannot hold on, that he is uncertain, or that he is afraid he will pass out, etc. Such persons may sway and lurch even rather violently, but they seldom fall down, and if they do, almost never hurt themselves.

Treatment

A correct diagnosis should lead toward treatment directed to the involved area.

Labyrinthine—If there is doubt as to the accuracy of the diagnosis, the patient may be referred to an Eye, Nose and Throat specialist for testing and an opinion.

The removal of any contributing cause such as infection is indicated. The use of salt-free and sodium reduced diets has many advocates.

Potassium iodide in saturated solution (1 to 5 drops in water three times daily), nicotinic acid (100 mg. tablet four times a day), and Benadryl® (50 mg. capsules, one, two or three a day) have been used.

More specific vestibular depressants include Marezine® (one 50 mg. tablet three times daily), Bonamine,® (one or two 25 mg. tablets, once or twice a day), and Dramamine® (one 50 mg. tablet, three or four times a day).

There is no specific treatment for Ménière's syndrome. Spontaneous improvement may occur. A reduction of salt and sodium in the diet has been advocated. Also, the use of drugs like ammonium chloride and potassium chloride as well as Diamox® (one 250 mg. tablet twice a day) has been advocated. Some patients have either been managed successfully with nicotinic acid or else a remission occurred at the time. Those persons unfortunate enough to have the syndrome in a severe and persistent form have been treated by surgical section of the vestibular nerve on the side of the greater hearing loss, or by cauterization of the appropriate labyrinth.

Ocular—Disturbances of visual origin are treated by correcting refractive errors. Patients should be reassured that a change of lenses often requires a period of adjustment. In case of recent diplopia, the deviated eye may be covered in order to relieve the vertigo.

Tactile Sensory—The treatment is that of the background condition. These patients may suffer from anemia, avitaminosis and disorders of the lower spinal cord and spinal cord roots.

Muscle Sensory—The treatment is that of a causative condition which is likely to be neurosyphilis in the form of tabes dorsalis, pernicious anemia or diabetes mellitus.

Brain—If the symptom is that of vertigo rather than of dizziness, and there is a question either as to the clinical diagnosis or the nature of the underlying pathology, the patient may be referred to a neurologist for a diagnostic study and for suggestions as to the management. The treatment is that of the causative pathology—anticonvulsants, antihypertensives, sedatives, vitamins, surgery, etc.

If the symptom is that of dizziness rather than vertigo, a large variety of causative conditions may be operative. These may be in almost any of the organ systems and assistance by a specialist in Internal Medicine may be helpful. These patients may require therapy with hematinics, vasodilators, antihypertensive drugs, and diets.

Mental or Symbolic—It may be necessary to refer these patients to a psychiatrist for a definite diagnosis and for recommendations as to treatment. Some of these patients are managed adequately on supportive, superficial psychotherapy while others require specialized psychiatric treatment.

Selected References

1. Cawthorne, Terence:—Vertigo. Brit. M. J., 2:931, 1952.

2. Cawthorne, Terence: Positional Nystagmus. Ann. Otol., Rhin. & Larnyg., **63**:481, 1954.

3. Chinn, H. I., et al.: Evaluation of Drugs for Protection Against Motion Sickness Aboard Transport Ships. J. A. M. A., **160**:755, 1956.

4. Denny-Brown, D. E.: Neurologic Aspects of Vertigo. New England J. Med., **241**:144, 1949.

5. DeWeese, David D.: The Importance of Accurate Diagnosis in the Medical Management of Dizziness. Tr. Am. Acad. Ophth. & Otolar., **58**:694, 1954.

6. Kinney, Charles E.: The Dizzy Patient. Ohio State M. J., **52**:365, 1956.

7. Ryan, G. M. S., and Cope, S.: Cervical Vertigo. Lancet, 2:1355, 1955.

8. Swarthout, Roy and Gunther, Kurt: "Dizziness": Vertigo and Syncope. GP, **8**:35, 1953.

9. Symonds, Charles: Significance of Vertigo in Neurological Diagnosis. J. Laryng. & Otol., **66**:295, 1952.

Hemangioma of the Kidney

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HEMANGIOMA of the kidney is a very rare benign tumor. Virchow, the German pathologist, reported the first case found at autopsy. Seventy-eight subsequent cases have been reported in the literature. Marks and Lazarus reviewed the literature from 1867 to 1947, and reported 70 cases. Since 1947 eight cases have been reported.

Hemangioma of the kidney occurs in both sexes and is slightly more frequent in men. About half of the reported cases occurred in the third or fourth decades of life, the youngest at four days of age and the oldest at 67 years of age.

McKey noted a considerably greater incidence of left kidney involvement and theorized that the frequency was possibly due to the left renal vein being more subject to obstruction because of its longer course and the crossing in front of the aorta. The compilation by Lazarus and Marks revealed only slightly greater incidence in left kidney, 54.2 to 45.8 per cent, and McCrea's series reports the lesion as often in the right kidney as in the left.

Two types of hemangioma are encountered, capillary and cavernous. The cavernous type is the most common.

They may be single or multiple, they may be in one or both kidneys. Paletz and Sewell reported a case in which a right nephrectomy was done for intractable bleeding due to hemangioma. Two months after dismissal from the hospital the patient re-entered because of the gross hematuria from the remaining left kidney. X-ray therapy was given to the remaining left kidney with subsidence of bleeding in five weeks. The patient was followed for four years without recurrence of bleeding. Bilateral hemangioma was strongly suspected.

Of all the reported cases in the literature only one showed evidence of hemangioma elsewhere in the body, Paletz and Sewell, 1951.

They may be located in the calyces, medulla and rarely in the cortex of the kidney, but are usually found under the mucous membrane of the pelvis of the kidney.

Judd and Simon stated that this type of tumor rarely attains a diameter of one centimeter. Lazarus and Marks came to the conclusion that the lesion is usually very small, but its size may vary from a pinhead to a mass one-third the size of the kidney.

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The most prominent symptom is painless, gross hematuria. In many cases renal colic is associated with hematuria due to formation of blood clots in the pelvis or ureter. In many cases reported, intermittent gross hematuria had been present for many years before the condition became so severe that nephrectomy was done. In most cases diagnosis was difficult before surgery and most surgeons made the diagnosis of tumor or cyst instead of hemangioma before operation.

The case being reported had agenesis of the left kidney. It should be briefly mentioned that the failure in the formation of the ureteral bud which organizes the mesoderm of the metanephrogenic blastema about itself for the formation of the permanent kidney is the probable cause of the agenesis of the organ.

Case Report

Case No.—Mercy Hospital, Canton, Ohio.

The patient, 52 years old, white, male, married, was brought to the emergency room at 11:40 p. m., March 2, 1957, because of sudden, steady, sharp abdominal pain with nausea and vomiting, since half an hour prior to the examination.

Personal History: He had measles, mumps, chickenpox, whooping cough in childhood, with two previous admissions in this hospital: First admission was on November 20, 1942, because of sharp abdominal pain with nausea and vomiting, which lasted 24 hours with the diagnosis of food poisoning. His blood count was normal, but urinalysis revealed one plus albumin. The patient's second hospital admission was on November 24, 1947, for the operation of right and left inguinal hernias. Blood count was normal, but urinalysis revealed microscopic hematuria.

Family History: Noncontributory.

Physical Examination: Revealed a well developed and nourished, short patient in extreme distress complaining of the previously mentioned pain with cold and clammy extremities and cyanotic lips and nails.

Head, eyes, face, short neck, and chest appeared normal; abdominal respiration was vanished. There was severe abdominal tenderness in the right flank, right lower quadrant, right costo-lumbar angle, without muscular rigidity or any palpable mass. Liver and spleen were not palpable. Bowel sounds were absent. Lungs appeared normal. Heart was with regular rhythm and with sounds of good intensity, without any murmur. No palpable enlarged lymph nodes were present. Knee and ankle jerks were physiologic and no abnormal reflexes were present.

Blood pressure 124/104; Pulse rate: 160 per minute; Catheterization of the bladder produced no urine.

Hemoglobin: 15.8 Gm.; Microhematocrit: 43 per cent; White blood cell count: 15,200; Band cells: 10; Segmented: 76; Lymphocytes: 10; Monocytes: 4; Blood type O and Rh positive.

Electrocardiogram: Nothing abnormal.

K. U. B. film: The right psoas shadows were not too well visualized.

Hospital Course: Patient continued complaining of pain with nausea and vomiting until March 4, 1957, when he was taken to surgery for exploratory laparotomy. Right retroperitoneal hematoma was found, which was not disturbed. Peritoneal cavity and the aorta seemed normal.

In the following days he developed paralytic ileus with profuse bloody fluid draining from the incision, and a huge ecchymosis all over the right part of the abdomen developing to the scrotum and upper part of the right thigh.

On March 9, 1957, because of the evisceration, the patient was taken to surgery for the repair, and after the debridement of the wound the incision was closed. Patient gradually developed oliguria, became unconscious, and expired on March 14, 1957.

Laboratory Data Studies

Date	3-5-57	3-7-57	3-9-57	3-11-57
Hemoglobin	9.5	8.2	9.0	8.6
Microhematocrit	34	26	23	37
White Blood Count	20,750	8,350	16,100	40,350
Band Cells	10	24	35	28
Segmented	76	35	55	65
Lymphocytes	10	5	9	4
Monocytes	4	1	—	3
Eosinophils	—	....	1	—

Date	3-4-57	3-11-57	3-12-57	3-13-57
Nonprotein Nitrogen	67.5	61.0	62.8	104.0

Blood sugar 160 mg. per 100 cc.; serum protein 5.46 Gm. per 100 cc.; serum albumin 3.20 Gm. per 100 cc.; serum globulin 2.55 Gm. per 100 cc.; serum chloride 100 mEq/L.; serum sodium 104.3 mEq/L.; serum potassium 4.6 mEq/L.

Urinalysis: Albumin four plus; white blood cells, many; red blood cells, many.

Intravenous phenolsulfonphthalein: Revealed no definite excretion of either kidney in 20 minutes. Right side of the abdomen was hazy and renal shadows were not visualized.

Chest X-ray: Revealed elevation of the right hemidiaphragm with atelectasis of the right base, which did not change during the course of hospitalization.

Electrocardiogram: Revealed no significant changes.

Summary of the Autopsy

A summary of the pathologist's report March 14, 1957, is as follows:

The body is that of a 52 year old, white, male measuring 62 inches in length and weighing an estimated 145 pounds. The patient is slightly jaundiced. Abdomen is distended and there is a right low rectus incision with stay sutures measuring 10 inches, and also there is marked ecchymosis in the right side of the abdomen extending to the upper part of the right thigh. There is slight edema in the lower legs.

The body is opened through a Y incision. There is localized peritonitis in the operated area and in the right side of the abdomen. There are marked adhesions between the right lung and the pleural layer covering the right hemidiaphragm.

Urinary system: The left kidney and left ureter are absent.

On the right side there is a mass covering the right kidney measuring 20 by 12 cm. which is a hematoma under the peritoneum. The artery and the vein of the right kidney are larger than normal.

Right kidney weighs 350 grams and there is dark area measuring 1.5 cm. in diameter on the posterior surface near the lower pole and blood clots sticking to this area and extending all over around the kidney and capsule. Section of the kidney shows a lesion in the cortex of the kidney, similar to an infarction, which had ruptured and bled recently.

Pathological Diagnosis:—*Right lung:* Congestion and atelectasis; —*Liver:* Cavernous hemangioma; —*Genitourinary system:* Right kidney: Ruptured cavernous hemangioma; Toxic nephrosis; Hypertrophy. —Left Kidney: Congenital absent.

Summary

1. Renal hemangioma is a very rare disease.
2. We have here reported what appears to be the eightieth case in medical literature of the whole world, and this one is unique in that it is the first case reported in the literature of renal hemangioma with the agenesis of the other kidney. In addition, this case of hemangioma of the kidney concomitant with hemangioma of the liver, is the second case of kidney hemangioma with hemangioma of elsewhere, reported in the literature. The site, cortex, and the size, 1.5 cm., make it even more unusual.
3. From the clinical point of view the case is unusual because of the right side abdominal sharp pain due to retroperitoneal hemorrhage and associated shock, possibly due to the combination of renin released from the kidney with renin activator.
4. In every emergency nephrectomy an intravenous phenolsulfonphthalein test should be made to determine the condition and value of the other kidney.

References

1. Bell, E. T.: J. Urol., 39:238-243, 1938.
2. Riley, A., and Swan, W. J.: Urol. and Cutan. Rev., 45:377-382, 1941.
3. Rives, H. F., and Pool, T. L.: J.A.M.A., 125:1187, 1944.
4. Lazarus, J. A., and Marks, M. S.: Urol. and Cutan. Rev., 51:500-509, 1947.
5. Waterfall, W. B.: Brit. J. Urol., 22:142-143, 1950.
6. Butt, A. J., and Perry, J. Q.: J. Urol., 65:15-19, 1951.
7. Paletz, B. E., and Sewell, G.: J. Urol., 65:9-14, 1951.
8. McCrea, L. E., Urol. and Cutan. Rev., 55:670, 1951.
9. Anderson, J. B.; Lee, J. J.; Hancock, R. A., and Black, S. R.: J. Urol., 70:869-873, 1953.
10. Malashock, E. M., and Kopp, J. H.: J. Urol., 72:783-786, 1954.
11. Waller, J. I.; Throckmorton, M. A., and Barbosa, E.: J. Urol., 74:186-190, 1955.
12. Ferguson, Ch.; Cameron, G., and Carren, J.: J. Urol., 74:591-595, 1955.
13. Roussy, G.; Leroux, R., and Oberling, Ch.: Precis d'anatomie pathologique, 1950.

MATERNAL HEALTH IN OHIO

Case No. 2

This patient, a 35 year old white, Para VI, died three and one-half hours postpartum. Her past history was essentially negative. She had had five spontaneous deliveries of living children prior to the last pregnancy. With a last menstrual period April 9, her prenatal care was adequate except perhaps during the final weeks. Her blood pressure was found to be normal; urine examinations and serologic test for syphilis, were negative. She developed hypertension (systolic 165 - 185, diastolic 110) and pedal edema during the last two weeks of her gestation.

At term she was admitted to the hospital on January 6 at 7:20 p. m., apparently in labor. She was found to have evidence of a toxemia, namely pedal edema and a blood pressure of 185/110. The labor which had started spontaneously was characterized by strong contractions at five minute intervals. After but two hours and 30 minutes she spontaneously delivered an eight pound, two ounce, baby. The placenta was delivered complete after five minutes. She had no laceration and received no analgesia or anesthesia. Pituitrin® and ergotrate were administered intramuscularly and after about one-half hour she was moved to her room.

While in transit from the litter to her bed she complained of severe pain in the chest and upper abdomen, the latter simulating "indigestion." This was followed shortly by severe cramp-like pains in both hands and in her back. She became apprehensive. Her pressure which had been high dropped to 100/65 and her pulse became thready. Her bleeding was not apparently excessive, but the pressure continued to drop. An intravenous solution of glucose and ephedrine was given in an effort to combat her shock; she received morphine for pain. Oxygen was administered. Three and one-half hours following delivery she expired.

Autopsy permission was granted.

Cause of Death: Coronary thrombosis; toxemia of pregnancy; parturition was listed as a contributing factor.

Pathological Diagnosis: Infarction of the myocardium due to arteriosclerotic coronary thrombosis; pulmonary tuberculosis healed; generalized arteriosclerosis; cholangitis; acute appendicitis.

Comment

The Committee voted this a nonpreventable maternal death with pregnancy and labor indirectly the causative factor. However, members criticized the failure to take some definite action relative to her edema and hypertension in the last two weeks of gestation; the use of pituitrin and ergotrate in the presence of a hypertension; and the lack of elementary laboratory studies on a patient with toxemia.

TOPIC THIS MONTH:

Maternal Deaths* Involving Cardiac Disease

Case No. 38

This patient, a 19 year old white, Para I, abortus I, died less than one hour following delivery. Her past history was significant in that she had a history of rheumatic fever in childhood with no manifest sequelae. She had been pregnant once previously but aborted in the third month. The prenatal course was complicated by scant bleeding in the first trimester and dependent edema in the last two months. Her care in the hospital clinic was adequate and included diet and salt restriction. Report of her physical examination, however, failed to disclose any obvious cardiac lesion. She had several bouts of false labor; last menstrual date not reported.

On May 9, at 7 p. m., she was admitted to the hospital (presumably at term) one-half hour after the onset of labor. Her contractions occurred at three minute intervals and lasted 40 seconds; blood pressure was 150/90. She was found to be 5 cm. dilated, the head in a left occipitoanterior position with the vertex at -2 station. There is no record of examination of her heart and lungs. She was given Demerol® 100 mg. and scopolamine .0004 mg. for analgesia at 7:30 p. m. Full dilation was attained at 9:10 p. m. and the head crowned at 10 p. m.

The patient was transferred to the delivery room and vomited on arrival. Immediately she became dyspneic and cyanotic. By 10:30 p. m. her heart sounds were normal but her lungs were full of moist rales. The attending clinic physician arrived and, assisted by the intern on service, quickly performed a low forceps delivery over an episiotomy made under local infiltration with Novocain.® Without waiting for delivery of the placenta, a bronchoscopy was done, which revealed frothy, bloody material but no evidence of gastric contents. She was given morphine and Cedilanid® intravenously but expired at 11:35 p. m., May 9.

The baby, a seven pound boy, left the hospital on the ninth day in good condition. Autopsy permission was granted.

Cause of Death: Cardiac failure, rheumatic heart disease, pregnancy at term delivered.

Pathological Diagnosis: (1) Acute myocardial fail-

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

ure, postpartum. (2) Severe congestion and edema—all organs.

Comment

The Committee felt that this case, while presumably one of cardiac failure, did not completely satisfy all the requisites for such a classification. It was true the patient had a history of rheumatic heart disease, yet she apparently had neither a demonstrable cardiac lesion or a history suggestive of myocardial weakness.

The Committee reviewed the facts available, accepted the pathological diagnosis of acute myocardial failure, and voted the case a nonpreventable maternal death, by a narrow majority. Yet one cannot help but speculate that some embolic phenomenon might have precipitated that failure. It is also possible that some features and events in the case were not recorded.

Case No. 143

This patient was a 40 year old white, gravida VI, Para V, who died undelivered at 28 weeks gestation. The available prenatal history was meager, although she was attended by a physician who presumably gave her adequate care, including two periods of hospitalization for dyspnea, the last in October, at about four months gestation. She was a known cardiac who had been in cardiac failure during her previous pregnancy six years before.

In her seventh month she was admitted to the hospital again on January 25, showing signs of cardiac failure as manifested by shortness of breath, "congestion" of the lungs and signs of mitral disease. She failed to respond to bed rest and other efforts to relieve her cardiac distress. Details of her therapy and studies are not available. Her course progressed downhill and she expired undelivered on January 27. Autopsy was permitted.

Cause of Death: Rheumatic heart disease with grade 4 cardiac failure; pregnancy, duration seven months.

Pathological Diagnosis: Healed endocarditis; stenosis and calcification of the mitral valve; pulmonary edema; chronic passive congestion of liver and spleen; uterine pregnancy at seven months.

Comment

From her story of cardiac failure in her previous pregnancy, this patient could have been classified as a severe or "class 4 cardiac." She already had five children and the Committee raised the question as to the advisability of permitting her to embark on another pregnancy. Should she have had a commissurotomy prior to undertaking the last gestation? With an unchanged cardiac status should the gestation have been interrupted at the time of her first hospital admission, in the first trimester of the last pregnancy?

On a basis of the data submitted, the Committee voted this a nonpreventable maternal death, but it felt that the ruling could be altered on the basis of the points previously noted, if more complete information were available.

Comment of Consultant

The following comment of a consultant who is a specialist in cardiology, was given at the request of the Committee.

With regard to **Case No. 2** one cannot be sure that pregnancy and labor indirectly caused the myocardial infarction because such episodes frequently occur at rest and even during sleep. No suspicion of coronary disease or other arteriosclerosis can be gleaned from the history and physical examination and one is a little reluctant to believe that a blood pressure of 185/110 for two weeks brought on arteriosclerosis. Therefore I would disagree that the taking of more definite action referable to the hypertension may be subject to censure. Furthermore, there was no clinical evidence of a weakened myocardium and I would not quarrel with the glucose infusion because it seems that this was given in an effort to get a pressor agent into the patient. Ephedrine is not a very effective pressor so that one can wonder why more effective ones such as Neosynephrine® or nor-epinephrine weren't used. Pituitrin® and perhaps ergotrate, it seems, are not good in the face of hypertension because of the possibility of a further increase in an already elevated peripheral resistance with a further increase in pressure.

Case No. 38 is confusing, especially the pathologic diagnosis of acute myocardial failure without mention of organic heart disease or cardiomegaly. One can't help but wonder if the speculation of embolic phenomena raised by the Committee might not be correct because of the sudden onset and extremely rapid course plus the lack of symptoms of failure during the antepartum period. One also could speculate about the occurrence of that vague, poorly understood entity postpartum myocardosis although this seems to be quite early post partum. The only further therapeutic suggestion would have been a 400 to 500 cc. phlebotomy, in addition to what was done. If there had been time, spinal anesthesia would have accomplished the same end, namely decreasing the venous return to the heart.

Regarding **Case No. 143**, I would agree that this patient was a moderately severe cardiac who probably should not have been permitted to become pregnant the last time. In addition she had two episodes of dyspnea in the first trimester of the last pregnancy, so that it could have and should have been interrupted. Conceivably this patient might have benefited from mitral commissurotomy. This is purely speculation. The anatomical description of the mitral valve would put this patient into that group which derives the greatest benefit from surgery.

A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M. D., *President*

Presented by

- **William D. Robinson, M. D., University of Michigan,**
- **John W. Sigler, M. D., Henry Ford Hospital, Detroit, Michigan, and**
- **Emmerich von Haam, M. D., Ohio State University. Edited by Dr. von Haam.**

Presentation of Case

THIS 71 year old white female entered the University Hospital, Columbus, with complaints of multiple arthritis of 18 years' duration. She had apparently been in good health until 18 years ago, when she rather gradually developed pain in both shoulders, wrists and the metacarpophalangeal and interphalangeal joints of the hands. She was told by her physician that she had arthritis and was treated with salicylates and Darthronol®, a vitamin D preparation. From the onset of her arthritis, except for two years during which she was free of symptoms, she took 1 to 6 capsules of Darthronol daily. Two years prior to admission she was started on 5 mg. of prednisone three times a day, which she had been taking regularly up to the time of admission. Her vitamin D intake was decreased to 1 capsule daily for the past year.

Three years ago she noted nodules appearing on her hands, fingers and on the left foot. These increased progressively in size and number but caused little pain. She was hospitalized in Colorado three years ago for severe low back pains. She was told that she had too little calcium and was treated with steroid therapy. A question of diabetes was also raised at that time. The past history included a cholecystectomy 30 years prior to admission. Review of systems revealed nocturia two or three times nightly and psoriasis of the elbows and legs for many years.

Physical Examination

Her blood pressure on admission was 155 over 88, her pulse 88, her respirations 20, and her body temperature 99.0°F. The patient was a well developed, somewhat undernourished white female who appeared chronically ill and walked with a decided limp. There was a scaly erythematous rash over both elbows, the back, and on both legs which had the typical appearance of psoriasis. The fingernails were pitted. Examination of the eyes revealed a Grade 2 hypertensive retinopathy. The heart was not enlarged but a Grade 3 systolic murmur could be heard over the apex and a Grade 1 systolic murmur over the arota. There was slight left costovertebral angle tenderness.

Her extremities showed marked deformities of both hands with flexion contractures of the fingers of both hands as well as multiple large nodules close to the interphalangeal joints and in the dorsums of the wrists. These nodules were soft and non-tender. The skin was not reddened over them. On the back of the left hand there was a 5 by 5 cm. soft cystic swelling over the fifth metacarpal. There were also large nodules on the left foot over the first metatarsal and deeper, smaller ones over the dorsum of the left foot.

Laboratory Data

Her red blood count was 3.47 million, the hemoglobin 9.8 Gm.; her admission white blood cell count was 7,900; the differential count showed 13 per cent nonsegmented forms, 29 per cent segmented and 52 per cent lymphocytes. The sedimentation rate was consistently elevated (39 mm. in an hour corrected). The serological tests for syphilis were negative.

Urinalysis showed 20 mg. of protein with 2 to 3 white blood cells and 4 to 5 red blood cells per high power field. The total serum proteins were 6.9 Gm. with 4.1 Gm. of albumin and 2.8 Gm. globulin. The serum amylase was 338 units; the serum sodium was 136 mEq., the potassium 3.9 mEq., and the serum chloride 99 mEq. The inorganic phosphorus of the serum was 4.3 mg., the alkaline phosphatase was 5.1 units; the serum calcium was 12.4 mg. The Sulkowitch reaction for calcium in the urine was 1 plus, 0 and 3 plus on three occasions. The blood urea nitrogen was 38 mg. The whole blood uric acid was 5.6 mg., and the serum uric acid 8.0 mg.

The 24-hour excretion of uric acid in the urine ranged from 0.29 Gm. to 0.72 Gm. for 10 successive days. The urinary xanthine for 24 hours during the same period ranged from 0.75 mg. to

4.91 per total volume. The drop-latex fixation test was negative on two occasions and positive in a dilution of 1:40 on the third. Examination of fluid aspirated from the cystic nodule gave a negative murexide test for uric acid and a positive test for protein; the uric acid content of the tophus fluid was 8.8 mg., the total urates 9 mg.; the calcium content was 1660 mg. The catheterized urine specimen revealed no organisms.

The pathologic diagnosis of a specimen obtained from the suprapatellar bursa by needle biopsy was "joint mice." The stain for uric acid was negative. The electrocardiogram was normal.

Roentgenographic Examination

X-ray examination of both hands, elbows, knees ankles and feet showed striking multiple, well-defined, large and small calcifications scattered throughout the soft tissues of the periarticular regions. Radiologic examination of the dorsal and lumbar spine showed osteophytosis of the vertebral bodies and marked calcification of the aortic arch. A flat plate of the abdomen showed in addition to generalized osteoporosis, dense amorphous calcium deposits in the soft tissue of the left hip and multiple small but dense calcifications overlying each kidney. An intravenous pyelogram revealed prompt excretion by both kidneys after 5 minutes, but only the kidney pelves visualized satisfactorily. From this it was concluded that the patient suffered from bilateral nephrolithiasis with poorly visualized upper urinary drainage.

Hospital Course

Various observers believed the patient had gouty arthritis, "chalk gout," hypervitaminosis D, and rheumatoid arthritis. One week after admission the patient developed an acutely swollen, purplish red, tender first metatarsophalangeal joint of the right foot. She was started on colchicine but developed nausea after a dose of 8 mg. and the drug was discontinued. The pain in the toe disappeared and most of the swelling was also gone by the following day.

Thereafter she was given 5 mg. of prednisone twice a day, 0.6 Gm. of aspirin four times a day, and 0.5 mg. colchicine three times a day. She made consistent improvement. Because of nausea after colchicine the dosage was reduced to 1.0 mg. at bedtime. She was discharged after a hospital stay of a month, on 1 mg. of colchicine at bedtime and 0.5 Gm. of Benemid® daily.

Two weeks after discharge the patient was readmitted, to the Surgical Service, with the chief complaint of acute epigastric colicky pain of one day's duration. She became distended, nauseated, vomited several times and was unable to retain fluid. Auscultation revealed rushes and upper peristalsis was noted. The pain was referred to the upper abdomen with tenderness to palpation of the epigastrium. An x-ray examination revealed a dilated ascending and transverse colon but no evidence of obstruction. The serum amylase was 700 units. A peritoneal tap revealed no free fluid.

She was treated with constant nasal gastric suction, anticholinergics, sedation, serum albumin and whole blood. The serum amylase remained elevated for about one week; however, it continued to decline and the last test before her death showed only 178 units. On the seventh hospital day the patient developed an irregular pulse which on an electrocardiogram proved to be a paroxysmal auricular tachycardia. She was digitalized and within 24 hours the rate returned to normal. Two days later the patient was found on the bedpan gasping for air. She became cyanotic and expired.

Clinical Discussion

Dr. F. W. McCoy: We have with us today Dr. William Robinson from the University of Michigan and Dr. John Sigler from the Henry Ford Hospital in Detroit. I believe that Dr. Robinson is going to start the discussion.

Dr. W. D. Robinson: The problem which this patient presents is a complicated one and must be considered from several aspects.

In essence, we have a 71 year old woman who had had some form of chronic joint disease since the age of 53. We also know that this woman had been taking two medications for a long time which could have had quite marked effects on her body as a whole, as well as on her joint disease. I would estimate that she took about 300,000 International Units of vitamin D a day for an unspecified period, apparently starting shortly after the onset and continuing for a matter of 17 to 18 years, which had been reduced only in the year prior to her admission. We also know that for a period of two years prior to admission she had been taking prednisone, a potent adrenocortical steroid, in quantities of 15 mg. a day, which dose will induce in the average person some degree of clinically detectable hyperadrenalism.

Approximately three years before she was first seen here she developed periarticular and para-articular nodules which showed some very real peculiarities. She was readmitted with the picture of an acute abdominal emergency and died rather suddenly following an episode of cardiac irregularity. The cause of death, the question of its relationship to her cardiac status and the acute abdomen as well as to her primary disease and to her medications are all problems that we will have to discuss. Rather than taking this patient's difficulties in chronological order, I would like to start my discussion with what I consider the more certain facts and then go to the more tenuous aspects.

I think we can be reasonably certain that this patient suffered from a severe degree of chronic vitamin D intoxication. After 18 years of joint disease her hands showed the presence of definite nodulation over the proximal interphalangeal joints of the fingers and the metacarpophalangeal joints. You can't tell from the film to what extent these were cystic and to what extent they appeared to be solid, but they are very real. It is difficult to appraise the condition in the joints, but one gets the impression that there was not a great deal of synovial swelling and that most of the enlargement of the joint area was related to the nodulation.

The amazing and striking thing is the tremendous amount of soft tissue calcification in the para-articular regions, which calcifications corresponded to some extent to the distribution of the nodes present in the hands. The cartilage at some of these metacarpophalangeal joints was still preserved, but there seemed some serious destruction of the joints of the wrist which was obscured by the soft tissue calcifications. The x-rays of the feet also showed tremendous depositions in the metatarsal areas and the anterior tibial tendon.

Rheumatoid Arthritis?

Dr. J. W. Sigler: Some of the changes in the proximal phalangeal joints could be on the basis of degenerative joint disease, but the films are so obscured by calcification that it is difficult to see whether they represent a true picture of rheumatoid arthritis. If all this tumefaction was due to gout, we would expect to see some real osseous tophi. This discrepancy between the soft tissue calcification and the absence of osseous tophi would be most unusual if this was all a matter of gout, and in gout with soft tissue tumefaction you may get shadows due to the urate deposition in association with calcium, but you don't get this degree of hard calcium deposition.

Dr. Elson: From her x-rays I think she did have preëxisting arthritis. Her demineralization would be compatible with rheumatoid disease, but she was getting vitamin D and that too would tend to mobilize the calcium from her bones. We have some trouble differentiating between the changes in gout and in rheumatoid arthritis, but I lean more toward rheumatoid arthritis in this patient. However, it does not appear that she had a lot of joint disease. Her hip joint as well as her elbow showed only slight evidence of degenerative osteoarthritis in spite of all the severe soft tissue calcification.

Dr. Robinson: Since this patient had psoriasis the possibility of psoriatic arthritis should be given some consideration, especially since she also had the pitting of the fingernails so characteristic of this disease. However, if there is anything distinctive about so-called psoriatic arthritis to differentiate it from ordinary rheumatoid arthritis, it is the involvement of terminal interphalangeal joints, and certainly we are not impressed that there were any changes in her terminal interphalangeal joints.

Vitamin D Intoxication

Vitamin D intoxication produces a series of manifestations that are quite variable from one individual to another. The dose which can be tolerated without toxicity varies a good deal. The most common manifestations are polyuria and gastrointestinal complaints. Mental and neurological symptoms such as headache or depression may also occur, and I have seen one patient with vitamin D intoxication who suffered convulsions. Most of the symptoms, particularly the chronic ones, are related to hypercalcemia and refer to renal lesions. The routine urine analysis may not show significant abnormalities. However, the nonprotein nitrogen or blood urea nitrogen may be elevated and there frequently exists an anemia such as was found in this particular patient.

Blood Calcium 12.4

The patient's significant chemical finding was a blood calcium of 12.4, which is definitely elevated by most methods and standards. I think that the duration of elevation of serum calcium rather than its magnitude was perhaps an important factor in this patient. The alkaline phosphatase is usually normal or slightly elevated. The inorganic phosphorus is usually elevated and its increase usually parallels the degree of renal damage as expressed by the blood urea nitrogen, such as was the case in this patient. Extensive soft tissue calcifications in the para-articular regions, the blood vessels, the kidneys and in almost all tissues including the pancreas complete the picture.

A finding somewhat less common in patients with vitamin D intoxication is the development of periarticular cysts, which I think could explain all the tumefactions in this patient. These cysts develop in relationship to joints and on microscopic examination are distinctly different from typical rheumatoid nodules. Therefore I think that the nodular lesions which developed in our patient around her joints can well be attributed to the vitamin D intoxication, which must have been rather marked in degree as far as the history suggests. I do not think that they are gout tophi or rheumatoid nodules.

The question of her primary joint disease—and I think this patient had primary joint disease—is not quite as easy to be certain about, and here the problem of differentiation between gout and rheumatoid arthritis may be a very real one. While we can explain the lumps and bumps this patient had on the basis of vitamin D intoxication, just how seriously would we take the possibility of gout if she had not had any lumps or bumps? If we omit the tophi, the diagnosis of gout can be established on the basis of three important criteria: the clinical behavior, the presence of an elevated serum uric acid, and the response of the acute attack to colchicine.

The characteristic story of gout is the occurrence of acute attacks lasting usually three to seven days with completely symptom-free intervals of six months to a couple of years and complete subsidence of any joint lesions between the acute attacks. As time goes on, the acute attacks last somewhat longer and become somewhat more frequent, and after 5 to 10 years the patient develops residual joint lesions between attacks, the so-called gouty arthritis. In contrast to this, patients with rheumatoid arthritis develop residual joint lesions quite early in the course of the disease and do not have the long symptom-free intervals.

Importance of History

For this reason it is extremely important to sit down with the patient and say, "Tell me exactly what happened the first time you had any trouble with your joints," and from the clinical history we can make the diagnosis often much more easily than from the examination of the joints. The information you can get relative to the first joint manifestations is extremely helpful. In our patient the onset was rather gradual, initially involving only one wrist and gradually becoming polyarticular and persisting throughout. There were no remissions in the activity of her joint disease except for one period of a year.

However, to further complicate the picture our patient had what we certainly must accept as a hyperuratemia. The upper limit of normal serum uric acid by most methods is about 6 mg. per 100 ml. for men and about 5 mg. for women. A value of 8 mg. per 100 ml. uric acid in her serum represents definite hyperuratemia. Hyperuratemia is certainly not diagnostic of gout and we have to consider other conditions which might increase the serum uric acid. The first that comes to my mind are some of the blood dyscrasias— polycythemia, the leukemias—which the patient did not have.

Second, renal disease, in which the uric acid may be elevated along with the nonprotein nitrogen and the blood urea nitrogen. It is my impression that the degree of elevation of her serum uric acid is somewhat disproportionate to her elevated blood urea nitrogen. The determination of uric acid excretion in the urine does not help us particularly, because normal individuals and most patients with gout will excrete somewhere between 300 and 600, possibly 700 mg., of uric acid per 24 hours if they are put on a low purine diet. Anybody who has experience with gout patients sooner or later finds that every fifth or sixth patient is a high urate excreter, but certainly no more than 20 per cent of them will excrete up in the range of a gram or a gram and a half on a low purine diet.

Concerning the third diagnostic criterion, the matter of the response to colchicine: We did have an episode observed in the hospital when the patient developed acute pain in the toe, which is the proper place for an attack of gout, with very definite swelling which subsided after a total dose of 8 mg. of colchicine.

X-Rays

From the x-ray picture, as we pointed out, the joint lesions appear to have more the appearance of rheumatoid arthritis than of gout. However, some of the laboratory findings and the single observation concerning the response to colchicine are suggestive of gout, while the clinical history and the roentgenographic findings are more suggestive of rheumatoid arthritis. I personally feel that most likely this patient's underlying joint disease was rheumatoid arthritis in spite of the laboratory findings, partly because it is my general philosophy that when the laboratory and clinical findings don't agree, it is better to treat the patient rather than the laboratory findings. However, I don't think we can be certain of this.

If this is gout, I still think that the para-articular tumefactions developed largely on the basis of vitamin D intoxication rather than on the basis of tophi because of the absence of osseous tophi in the presence of such extensive soft tissue lesions. Of course, again this is a problem in which the pathologist can be extremely helpful, because a biopsy of these nodules at the time of first admission could have quite clearly settled the question of whether one was dealing with rheumatoid arthritis with tophi of gout or with vitamin D intoxication. I think perhaps I should let Dr. Sigler continue the discussion as far as the terminal phase of the patient is concerned—

the acute abdominal emergency which brought the patient back to the hospital.

Dr. Sigler: In the differential diagnosis of her final illness a ruptured viscus and a perforated ulcer must be considered first. I am sure that x-rays were taken in order to rule out the presence of free air under the diaphragm, and we know that a peritoneal tap did not yield any fluid. This speaks against a diffuse peritonitis which we would expect from the previously mentioned lesions and also against a diverticulitis, which is something we should always think of in a person of this age who develops abdominal symptoms, particularly if the patient has been on steroid therapy. I don't think that this complication was due to steroid therapy, but the steroid therapy may have masked the usual severity of a peritoneal reaction.

Her Age Group

In this age group we also always have to consider mesenteric thrombosis, but most of the evidence obtained during the last hospitalization of the patient points toward a pancreatitis, and her elevated serum amylase seems an important and significant criterion in this respect. I would just like to mention that a disarrangement of the acinar pattern of the pancreas with focal fat necrosis has been described recently in patients who have been receiving steroid therapy. None of these patients had any clinical manifestations of any pancreatic disease. Furthermore I don't think we can overlook the fact that vitamin D intoxication might also produce pancreatitis-like lesions since calcium deposits in the acini and calcium concretions in the ducts may lead to obstruction of the flow of pancreatic enzymes and cause pancreatitis.

I feel reasonably certain that this patient suffered from vitamin D intoxication with the principal manifestations of periarticular calcium deposits and renal calcinosis. I believe with somewhat less confidence that her primary joint disease was rheumatoid arthritis. I would not be too surprised if it would turn out to be gout, although the odds seem strongly against it.

I do not think we can be as certain about her terminal illness, although I would certainly put pancreatitis at the top of the list with perhaps mesenteric thrombosis next and diverticulitis or a ruptured, slowly leaking viscus as an outside possibility. I would like to know how she got along with her treatment during her last hospitalization, which certainly would influence our opinion as to whether the abdominal lesion was the direct cause of death or whether she might have died a cardiac death. Did she respond pretty well to the treatment she was getting?

Dr. Philips: She expired rapidly but the abdominal complaints seemed to improve before her death.

Dr. Sigler: After hearing Dr. Robinson, you can see what a problem it is to follow him in discussing any case. I feel much the same as Dr. Robinson that this patient in all probability had a rheumatoid arthritis although I think that we would have to agree that because of her renal damage the patient probably had an attack of gout secondary to the degree of renal damage. It is difficult to say that a patient does not have gout when you get a response to colchicine. I would like to ask a few questions. I presume that an electrocardiogram was made at the time of this patient's last admission?

EKG

Dr. Philips: The electrocardiograms previous to her terminal illness had been normal. An EKG taken at the time she became cyanotic and showed air hunger revealed only a paroxysmal auricular tachycardia.

Dr. Sigler: We know of course that patients with hypercalcemia have an abnormal Q-T ratio and are a little more sensitive to digitalis. I understand that the patient did not receive any more steroids at the time of her last admission. Since she had been on steroid therapy for a long time, we can assume that her own adrenals were probably hypoactive at the time of her acute illness and not able to control the stress produced by her acute pancreatitis. Thus I think that the possibility of death due to acute adrenal insufficiency should be considered. Finally, because of the tremendous disturbance in her calcium metabolism we can also speculate that the patient suffered from secondary hyperparathyroidism.

I would like to close by saying that I pretty much agree with what Dr. Robinson told you. I feel that the patient did have rheumatoid arthritis and also some degenerative joint disease, which of course had little bearing on her demise. I also believe that the patient developed gout secondary to her renal lesions. Certainly by far the most important part of her illness was the vitamin D intoxication with extensive calcinosis.

I feel that the cause of her death was an acute pancreatitis with the possibility of acute adrenal insufficiency contributing to her sudden demise. I don't think that we can completely rule out a ruptured viscus or a perforated ulcer. Lastly, I would not like to rule out completely the possibility that this patient had superimposed hyperparathyroidism.

Clinical Diagnosis

1. Chronic vitamin D intoxication.
2. Rheumatoid arthritis.
3. Nephrogenic gout.
4. Acute pancreatitis.
5. Acute adrenal insufficiency.
6. Secondary hyperparathyroidism.
7. Psoriasis.

Pathological Diagnosis

1. Chronic vitamin D intoxication.
2. Nephrocalcinosis with nephrolithiasis.
3. Acute pancreatitis.
4. Recent myocardial infarction.
5. Psoriasis.

Pathological Discussion

Dr. von Haam: Gentlemen, you have heard a very, very instructive discussion and in some respects the pathological discussion will be disappointing because of the restrictions which were placed upon us in performing the autopsy, preventing an exploration of her diseased joints. However, we could study some of the periarticular nodulations microscopically and must presume that all showed an identical picture.

The body was that of an obese elderly female. The joints of the hands, wrists and feet showed extensive periarticular nodulations which were either solidly calcified or appeared cystic and contained thick, gray, paste-like material. Her skin showed scaly psoriasis. The abdominal cavity contained about 200 cc. of clear fluid.

The heart was slightly enlarged and showed slight calcium deposits at the base of the aortic cusps. The lateral wall of the left ventricle contained an area of red softening with myocardial hemorrhage measuring 2 by 2 cm. The principal coronary vessels appeared arteriosclerotic and their lumens appeared narrowed but no occlusion could be demonstrated.

The lungs, spleen and liver appeared grossly normal. The pancreas was discolored and edematous. The peripancreatic fat contained many typical yellow-white specks of fat necrosis. The organ was swollen, soft and appeared rather hemorrhagic. The gastrointestinal tract appeared normal. The adrenals had a combined weight of only 9 grams but appeared grossly normal. The kidneys were nodular with superficial scarring. The pelves contained much sand and small greenish brown stones. The remaining organs including the brain appeared grossly normal.

Microscopic Examination

Sections through the heart revealed a recent infarction with interstitial hemorrhage and barely perceptible changes in the myocardial fibrils. We estimate the duration of the infarct at between one-half and two hours. Other sections showed some myocardial fibrosis and calcific aortic sclerosis. The lungs appeared normal. The liver showed a mild chronic cholangitis. Sections through the pancreas showed marked dilatation of the ducts, which appeared filled with large structureless hyaline material. There was extensive recent necrosis of acinar tissue with interstitial inflammation and widespread fat necrosis. Sections through the adrenals showed cortical lipid depletion.

Microscopic examination of her kidneys revealed extensive acute and chronic pyelonephritis with numerous calcium casts and deposition of calcium in the interstitial tissue. Examination of the parathyroid glands failed to demonstrate any hyperactivity of the glands. Microscopic sections through the excised periarticular nodes failed to show any evidence of uric acid deposits as is so typical of gout tophi. Instead the nodes consisted of hyaline fibrous tissue with extensive calcium deposits and small foci of still active granulation tissue. I considered them as calcium deposits in degenerated and hyalinized fibrous tissue such as occur in the soft periarticular tissue of rheumatoid arthritis, although the latter could not be confirmed at autopsy.

Summarization

In conclusion, I feel that the patient suffered indeed from vitamin D intoxication with widespread calcium deposits in the soft periarticular tissues and the kidneys. Of all metabolic diseases with metastatic calcification—the one following osteomalacia, renal disease, parathyroid disease and vitamin D intoxication—the latter shows the least diffuse distribution of metastatic calcium deposits. In this condition calcium is rather deposited in degenerated or diseased tissues and our patient also failed to show metastatic calcification at the usual places—the lungs and blood vessels.

I do not think that the patient had gout. Her severe nephrocalcinosis, also a consequence of her vitamin D intoxication, had led to increasing renal insufficiency as proven by her post-mortem blood urea nitrogen of 58 mg. per 100 ml. The final illness of the patient was acute pancreatitis as we find to occur in vitamin D intoxication as well as in patients on prolonged steroid therapy. This inflammatory process of the pancreas then was the trigger mechanism for her acute myocardial infarct, which I consider the immediate cause of death. Any comments, Dr. Robinson?

DR. ROBINSON: I am particularly impressed with the severe interstitial calcification of her kidneys and the way the calcium is deposited in the connective tissue and in the kidney parenchyma and not in the walls of the blood vessels, which is so frequently seen in vitamin D intoxication. I am certainly satisfied that the periarticular nodularities are not tophi which had secondarily calcified from the vitamin D. Under such circumstances you certainly would have seen some urate crystals and more of a giant cell type of reaction, as in a real gout granuloma.

On the other hand, as Dr. Sigler pointed out, the possibility of a secondary gout is not completely ruled out by the absence of deposition of uric acid in the soft tissue. I think, however, that it is most unlikely, particularly since gout in a woman is such an unusual disease.

Treatment of Emergencies In Allergy

The chief need in status asthmaticus, after breaking contact with the allergen, is to correct hypoxemia and, in advanced cases, hypercapnia. To accomplish this improvement in gas exchange intensive aerosol therapy with adrenergic amines is indicated, aminophylline by rectum or by vein being another useful bronchospasmolytic agent. Either can be effectively combined with intermittent positive pressure breathing in inspiration, using air or oxygen.

Intermittent positive pressure breathing is especially suited to the patient who is exhausted or who exhibits depression of the respiratory centers. Overt infection calls for effective antibiotics, the failing heart for digitalization, and trapped bronchial secretions for tracheotomy when conservative means of evacuation prove unsuccessful.

Although opiates and barbiturates may provide much needed sleep, this advantage is outweighed by a resulting depression of the respiratory centers, of the cough reflex, and of bronchial ciliary action. ACTH as well as the natural and the prednisteroids will provide dramatic relief of symptoms, particularly if a product like prednisolone is employed intravascularly.

The risks and contraindications must, of course, be given full consideration. The importance of restoring normal fluid and electrolyte balance and of supporting the asthmatic patient's confidence is too obvious to discuss.—Mary Hewitt Loveless, M. D., New York City: *New York State J. Med.*, 57:3797, December 1, 1957.

Selective Readings . . .

The Diminished Mind, A Study of Planned Mediocrity in our Public Schools, by Mortimer Smith. (*$2.75. Henry Regnery Co., Chicago 4, Ill.)* The author of **And Madly Teach** has given us a closely reasoned and well documented book in support of the thesis that learning, in the traditional sense of disciplined knowledge, is rapidly declining in our public schools. This decline is not by chance, but by deliberate—and almost invariably well-intentioned—design of those responsible for setting the direction of public education.

The author shows that schoolmen today look upon genuine education as a luxury for all intellectual elite while the majority, they believe, will have to be content with courses in vocational training or "adjustments." This current contempt for intelligence leads, he insists, not only to adulteration of learning, but sometimes attempts the educator to try and manipulate the minds under their charge. In doing this, he devotes a chapter to the numerically small, but extremely active, group in education known as "Social Reconstructionists" who believe frankly that the task of schools today is to indoctrinate for a new social order (their own, of course). Written with a wry humor, this book is essentially a serious indictment of public education and, incidentally, a plea to those who believe in the public schools to rescue them from the rigid bureaucratic control of the professional educators.

Stress, the fifth annual report 1955-56, edited by Hans Selye and Gunnar Heuser. ($20.00. *M. D. Publications, Inc., 30 E. 60th Street, New York 22, New York.)* These annual volumes are published to act as guides for the entire literature on stress. They correlate pertinent facts that are not in any way related to the subjects that bring the concept up to 1955 by a summary of the research of the general Physiology and Pathology of exposure to this factor and outlines all principal problems beginning by investigations at the present time. The place that the adaption syndrome of Selye has come to occupy makes medical references to this work obligatory upon all who are interested in the mechanism of diseases.

Family Medical Costs and Voluntary Health Insurance: A Nationwide Survey, by O. W. Anderson and Jacob J. Feldman. ($6.50. *McGraw-Hill Book Co., New York 36, N. Y.)* This is the first nationwide survey on family medical costs since 1933. It stands as a definitive source book based on new data from interviews done by men from the Health Information Foundation and the National Opinion Research Center.

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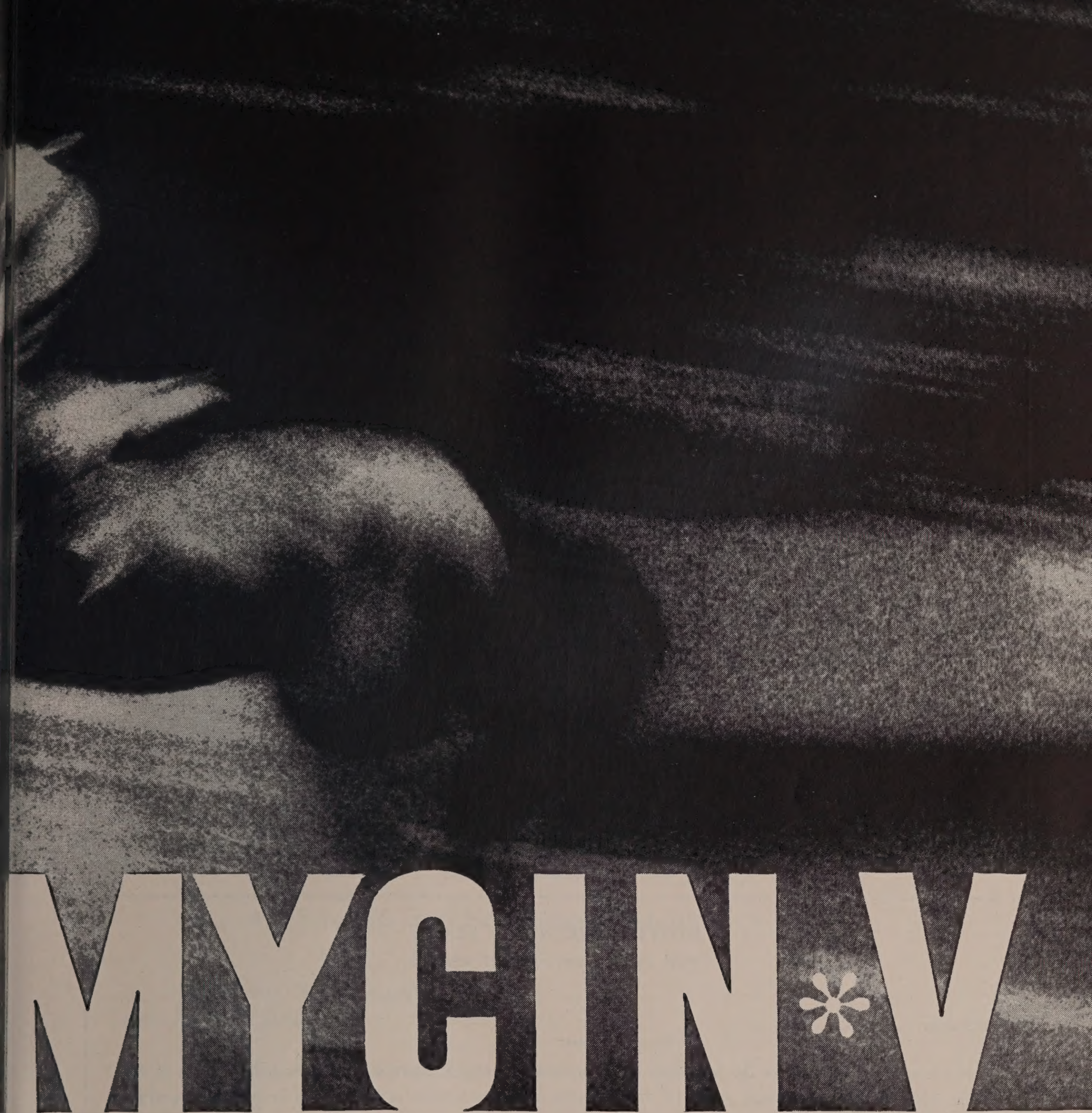

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1958 ANNUAL MEETING - - - OHIO STATE MEDICAL ASS'N

Cincinnati • April 15, 16, 17

Hospital Pharmacy or Drug Room . . .

Joint Commission on Accreditation Points Out the Importance of This Department in the Maintenance of a High Quality of Patient Care

IN keeping with its aim of assisting hospitals to meet and exceed minimal standards of high quality patient care, the Joint Commission on Accreditation of Hospitals stresses the importance of three departments in the institution—the pharmacy or drug room, the dietary department and the emergency room. This article is devoted to the pharmacy or drug room. Subsequent articles will report the Commission's recommendations in regard to the dietary department and the emergency room.

The Standards of the Joint Commission on Accreditation of Hospitals in regard to the pharmacy or drug room are quoted below.

a. There shall be a pharmacy directed by a registered pharmacist or drug room under competent supervision.

b. Facilities shall be provided for the storage, safeguarding, preparation, and dispensing of drugs.

c. Personnel competent in their respective duties shall be provided in keeping with the size and activity of the department.

d. Records shall be kept of the transactions of the pharmacy, and correlated with other hospital records where indicated. Such special records shall be kept as are required by law.

e. Drugs dispensed shall meet the standards established by the United States Pharmacopeia, National Formulary, New and Non-official Remedies, British Pharmacopeia, or Canadian Formulary.

f. There shall be an automatic stop-order on dangerous drugs.

Of the above, 'a' and 'f' are sometimes not well understood. The hospital which cannot obtain or afford a hospital pharmacist should try and obtain the services of one on a part-time or consultative basis. If the hospital pharmacist of another hospital is not obtainable in this capacity, then the services of a local pharmacist should be utilized wherever possible. With his help the correct procedures, rules and regulations for this department should be drawn up.

The requirement of an automatic stop-order on dangerous drugs is misunderstood frequently by hospitals and physicians. The Joint Commission on Accreditation of Hospitals has no right to tell physicians what kind and how much medicine they should give to their patients, and does not do so. The Commission does desire that drugs, especially dangerous drugs, be given properly with reasonable medical staff controls. The Commission is asking that hospital medical staffs establish a written policy that all dangerous medications, not specifically prescribed as to time and number of doses, be automatically stopped after a reasonable time limit set by the staff. It is a protection against indiscriminate, indefinite prescribing of an open-ended type which can result in harm to the patient, physician or hospital. It especially includes such orders as p.r.n., as necessary,' etc. The following classifications are ordinarily thought of as dangerous drugs: narcotics, sedatives, anticoagulants and antibiotics.

EDITOR'S NOTE: At the 1957 Annual Meeting of the OSMA, the House of Delegates instructed *The Journal* to publish material on hospital accreditation. In previous issues, the following phases of the subject were discussed; August—principles underlying the work of the accreditation commission; September—recommendations of the AMA Stover Committee; October—medical staff meetings; November—medical records; December—responsibilities of the medical staff; January—clinical laboratory services. This is the seventh article in the series.

In subsequent articles as information is available *The Journal* will present suggestions and information from the Joint Commission and answers by the Commission to many varied questions on the activities of the Commission, standards set, hospital administrative problems, etc.

Pharmacy and Therapeutics Committee

This committee is one tool for maintaining medical staff self-government. It is responsible to the medical staff as a whole and its recommendations are subject to medical staff approval. It is not a mandatory committee of the Joint Commission on Accreditation of Hospitals, but is strongly recommended for all hospitals. Composed of physicians and the pharmacist, it serves as the organizational line of communication or liaison between the medical staff and the Pharmacy Department. This committee assists in the formulation of broad professional policies regarding the evaluation selection, procurement, distribution, use, safety procedures and other matters relating to drugs in hospitals. The purpose and function of this committee are:

a. To serve as an advisory group to the hospital medical staff and the hospital pharmacist on matters pertaining to the choice of drugs.

b. To add to and to delete from the list of drugs accepted for use in the hospital.

c. To prevent unnecessary duplication in the stock of the same basic drug and its preparation.

d. To make recommendations concerning drugs to be stocked on the nursing unit floors and by other services.

e. To evaluate clinical data concerning new drugs or preparations requested for use in the hospital.

f. To develop a formulary or drug list of accepted drugs for use in the hospital.

A strong hospital Pharmacy and Therapeutics Committee, meeting at least twice yearly, though not a requirement of the Joint Commission is considered a very important educational and advisory tool towards the improvement of patient care in hospitals and is highly recommended.

Indiana Tightens Its Premarital Physical Examination Law

Ohio physicians, especially those who reside near the Indiana border, should know that the Indiana law relating to premarriage physical examinations has been changed.

Effective January 1, 1958, a three-day waiting period after the application for a marriage license has been filed will be in effect before the license can be issued.

Only a physician holding an unlimited license to practice medicine in Indiana may sign the Physician's Report. However, any licensed physician of another state can submit the applicant's blood specimen to a laboratory approved by the Indiana State Board of Health for the premarital blood test. The laboratory statement and report, returned to the physician on Indiana forms S.B.H. 3-1-10 and 3-1-11, should be given to the applicant who will present them to an Indiana physician for completion of the certificate.

Among acceptable laboratories are state health department laboratories, central or branch, in states outside Indiana and those of the U. S. Armed Forces and U. S. Public Health Service. Reports from private laboratories outside Indiana are not acceptable; reports from approved private laboratories in Indiana, are.

Advice to Woman's Auxiliary On Hotel Reservations for 1958 Annual Meeting

The Woman's Auxiliary to the Ohio State Medical Association will meet in Cincinnati concurrently with the OSMA Annual Meeting. The Auxiliary headquarters and much of the program will be in the Hotel Sheraton-Gibson. Mrs. Charles W. Hoyt and Mrs. Carl F. Schilling, Auxiliary Convention Co-chairmen, have requested ladies to make their hotel reservations early, particularly since Tuesday, April 15, is Opening Day for the baseball season in Cincinnati.

Members of the Auxiliary may use the Hotel Reservation Blank on page 200, this issue for this purpose. Obviously ladies who will accompany their husbands to Cincinnati will want to co-ordinate their reservation to avoid duplicate reservations going from office and home.

American College of Physicians Names Ohio Fellows and Associates

A number of Ohio physicians were honored at the recent meeting of Board of Regents of the American College of Physicians in Philadelphia. The following doctors were named Fellows: Drs. William Stratton Clark, Leonard Frankel, Willem Johan Kolff and Austin Stanley Weisberger, all of Cleveland; and Dr. Oscar Withers Clarke, Gallipolis.

The following Ohio physicians were named as Associates of the College: Dr. Joseph William Kolp, Canton; Drs. William Francis Dowdell, John William Harris, James Stewart Kaufman, Jack Evan Owens and John Gurney Sholl, III, all of Cleveland; Drs. Francis Willard McCoy and Robert Johnson Murphy, Columbus; Dr. Henry Kraus, Cuyahoga Falls; Drs. George Douglas Talbott and Ralph William Tapper, Dayton; Dr. Walter Lloyd George, Euclid; Dr. John Lawrence Bauer, Middletown; Drs. Walter Chilmonczyk and Robert Lewis Schafer, Toledo; Dr. Charlotte Louise Ames, Xenia, and Dr. Herman Harry Ipp, Youngstown.

Dr. Irvine H. Page, Cleveland, was chosen to receive the Ida B. Gould Memorial Award by the American Association for the Advancement of Science at its recent meeting in Indianapolis. He was cited for his research in the field of cardiovascular diseases.

Proceedings of The Council . . .

Budget for 1958 Adopted at Sessions Held December 14-15 in Columbus; Policies are Set on Many Vital Questions; Committees Present Reports

A REGULAR MEETING of The Council of the Ohio State Medical Association was held in the Columbus office on Saturday evening, December 14, and Sunday, December 15, 1957. All members of The Council were present except Dr. C. A. Gustafson, Youngstown, and Dr. William D. Monger, Lancaster. Also present were the following: Mr. Wayne E. Stichter, Toledo, legal counsel; Dr. Jonathan Forman, Columbus, Editor of *The Ohio State Medical Journal;* Dr. Charles L. Hudson, Cleveland, chairman of the Committee on Medical Services, and Past-President of the OSMA; Dr. C. C. Sherburne, Columbus, Past-President of the OSMA, and one of Ohio's AMA delegates; and Messrs. Nelson, Saville, Page, Moore and Edgar.

On **motion** duly made, seconded and **carried,** the minutes of meetings of The Council held at Granville, Ohio on September 14 and 15 **were approved.**

President Martin requested members of The Council to get in touch with their county medical societies and to urge such societies to (1) report their 1958 officers promptly to the Columbus office so that invitations can be sent for the annual conference of county society officers at the Deshler Hilton Hotel, Columbus, on March 2; (2) to consider as soon as possible adoption of the new model constitution and by-laws for county societies, or revision of existing documents to bring them into conformity with the revised OSMA Constitution and By-Laws; (3) to confer with members of the legal profession with respect to the adoption of the statement of principles governing certain physician-lawyer relationships; (4) to advise the county societies to be prepared to instruct their delegates regarding Social Security coverage for physicians after receiving a communication on this from the Columbus office shortly after January 1.

Membership Data

The following data were presented by the Executive Secretary with respect to membership: OSMA membership as of December 12, 1957, 9,052; compared to a total membership of 8,858 on December 31, 1956—an increase of 194 members. Members of the OSMA affiliated with the AMA as of December 12, 1957, 8,018, compared to a total of 7,812 on December 31, 1956—an increase of 206.

Charters To Be Reissued

By official action, The Council approved the issuance of reissued charters to the Gallia County Medical Society and the Portage County Medical Society, each of which had mislaid the charter which had been issued to them.

Amendments Acted Upon

Amendments adopted by the Columbus Academy of Medicine to the constitution and by-laws of that society November 18 were officially approved by The Council.

By official action, The Council approved the new constitutions and by-laws, patterned after the model constitution and by-laws, adopted by the following medical societies: Fulton, Holmes, Lake and Lorain Counties.

Amendments which had been adopted on September 10, 1957, by the Mahoning County Medical Society, and submitted to The Council for action, were referred to the Judicial and Professional Relations Committee and to Mr. Stichter, legal counsel, with instructions that they hold a conference with representatives of the Mahoning County Medical Society on the amendments, some of which are believed to be in conflict with the Constitution and By-Laws of the State Association.

County Society Officers Conference

Reference was made to the Annual Conference of County Society Officers to be held in Columbus, Deshler-Hilton Hotel, Sunday, March 2. The Council decided that there should be a place on the program at that conference for a discussion of the new OSMA policy on third-party medical care plans by Dr. Hudson, chairman of the Committee on Medical Services.

Voluntary Health Organizations

The Council received a voluminous report from the Committee on Relationship Between Medical Societies and Voluntary Health Organizations following more than a year's work. Copies had been supplied members of The Council prior to the meeting. By official action the report was approved and ordered published in *The Journal*; copies to be distributed later to county medical societies.

Budget for 1958

In executive session, The Council acted on recommendations of the Committee on Auditing and Appropriations and officially **approved** the following budget for the calendar year 1958:

The Ohio State Medical Journal	$ 40,000.00
Executive Secretary, Salary	17,500,00
Executive Secretary, Expense	2,000.00
Administrative Assistant, Salary	9,000.00
Administrative Assistant, Expense	1,500.00
Stenographic and Clerical Salaries	36,490.00
President, Expense	1,200.00
President-Elect, Expense	500.00
Council, Expense	4,000.00
AMA Delegates	6,000.00
Dept. of Public Relations ($37,500.00):	
Director, Salary	15,000.00
Director, Expense	2,000.00
Assistant Director, Salary	10,500.00
Assistant Director, Expense	2,000.00
Exhibits and Newspaper Publicity	500.00
Literature	2,000.00
Postage	2,000.00
Supplies	500.00
Miscellaneous Activities	3,000.00
Committees:	
Education	250.00
Judicial and Prof. Relations	400.00
Public Relations and Economics	700.00
Scientific Work	750.00
Auditing and Appropriations	900.00
Chronic Illness	300.00
History and Archives	500.00
Hospital Relations	400.00
Industrial Health	350.00
Maternal Health	1,500.00
Medical Services	500.00
Miscellaneous	500.00
Rural Health	5,000.00
School Health	2,000.00
Annual Meeting	20,000.00
Conference County Society Officers	1,500.00
Emergency and Equipment Fund	4,274.00
Employee Retirement Fund	4,303.00
Insurance and Bonding	3,000.00
Legal Expense	7,000.00
Library	500.00
Postage	2,000.00
Professional Relations Activities	6,500.00
Rent and Utilities	9,075.00
Rural Medical Scholarships	2,000.00
Stationery and Supplies	3,500.00
Telephone and Telegraph	2,500.00
Woman's Auxiliary Contribution	1,500.00
Total	$237,392.00

OSMA Constitution and By-Laws

Mr. Stichter, at the request of The Council, presented a report suggesting certain amendments pertaining to eligibility for membership to the Constitution and By-Laws of the Ohio State Medical Association. By official action, The Council approved the proposed amendment and instructed that it be presented to the House of Delegates at the 1958 Annual Meeting. **(See page 218 this issue of *The Journal*.)**

Mr. Stichter also presented for consideration by The Council suggested amendments providing for an increase in the number of members of the Committee on Scientific Work and changes in some respects in the activities of that committee, which were officially approved by The Council and ordered submitted to the House of Delegates at the 1958 Annual Meeting. **(See page 218 this issue of *The Journal*.)**

United Mine Workers Welfare and Retirement Fund

A resolution from the Belmont County Medical Society and a resolution from the Tuscarawas County Medical Society pertaining to the new policies and regulations of the United Mine Workers Welfare and Retirement Fund were brought up for consideration. Communications from several other county medical societies endorsing the Belmont County resolution were read. The resolutions read as follows:

Belmont County Resolution

Whereas, We firmly believe in the principle of the free choice of physician and hospital to be one of the inherent rights and liberties of any American citizen.

1. We, the physicians of the Belmont County Medical Society, recommend that the Council of the Ohio State Medical Association take the proper action to declare that within the Ohio State Medical Association, any physician of the State of Ohio, who knowingly or willingly participates in, or aids and abets the operation of, a medical plan which denies or limits its beneficiaries the right of free choice of physician or hospital, except as specified by law, shall, upon conviction thereof by the medical tribunal specified in the constitution of the Ohio State Medical Association, be found guilty of unethical conduct and subject to discipline by the Ohio State Medical Association.

2. We direct the secretary of this society to send a copy of this recommendation to the Council of the Ohio State Medical Society along with the urgent request that the Council consider this problem and bring it before the House of Delegates of the Ohio State Medical Society, in special session, for statewide action.

3. We direct the secretary of this society to see that copies of this action be transmitted to the secretary of each society.

Tuscarawas County Resolution

Whereas, there is a situation within Tuscarawas County which directly interferes with the fundamental right of an individual to make his own free choice of a physician, be it therefore resolved, that the following be spread upon the minutes of the Tuscarawas County Medical Society:

It is the belief of the Tuscarawas County Medical Society that the code of ethics of the American Medical Association forbids any of our members to engage in any medical or surgical practice where there is interference with the free choice of physicians and where a third party dictates the physicians to be employed and thereby acts as the third party between physician and patient.

Furthermore, it is the belief of this Tuscarawas County Medical Society that all of its members who are now so engaged should immediately resign as panel physicians for any organization which follows the pattern as set above.

Study By Committee

President Martin advised The Council that these resolutions and the entire UMW matter had been thoroughly considered by the Committee on Medical Services at a meeting on November 17, 1957. He asked The Council to consider at this time the special report prepared by that committee.

The committee's report was presented and discussed in detail by Dr. Hudson, chairman of the committee, and by Mr. Stichter, legal counsel, and Executive Secretary Nelson, both of whom had assisted the committee in the preparation of the report. Dr. Hudson also reported to The Council that the committee recommends that an educational program be carried on in all parts of the state to acquaint the public generally with the reasons for the various ethical pronouncements set forth in the report in order to show the public that these matters are fundamental in preventing deterioration in the quality of medical care. By official action, The Council approved this idea and instructed the committee to present a detailed plan of education for consideration at an early meeting of The Council.

Statement Adopted

The special statement of policy on this question was officially approved by The Council, which instructed the Executive Secretary to see that the statement is published in full in the January issue of *The Journal;* that copies are sent to the president and secretary of each county medical society in the state; and that a copy is sent to each member of the OSMA in the Seventh Councilor District. **(See pages 86-91 January issue of *The Journal* for text of report.)**

Medicare

At this point Dr. Hudson reported on a conference on medicare which he attended on behalf of the OSMA at Philadelphia on December 6, 1957, the day following the AMA clinical session. By official action, The Council authorized Dr. Hudson to attend a meeting January 11-12 in Atlanta, Ga., at which various states interested in promoting medicare as an idemnity program will be asked to send representatives.

Fluoridation of Water Supplies

The Council, by official action, adopted the following new statement of policy on the question of fluoridation of public water supplies:

The Council of the Ohio State Medical Association endorses the conclusions of a report on fluoridation issued jointly by the Council on Drugs and the Council on Foods and Nutrition of the American Medical Association and approved by the AMA House of Delegates in session on December 5, 1957, at Philadelphia.

The conclusions of the approved report are as follows:

1. Fluoridation of public water supplies so as to provide the approximate equivalent of 1 ppm of fluorine in drinking water has been established as a method for reducing dental caries in children up to 10 years of age. In localities with warm climates, or where for other reasons the ingestion of water or other sources of considerable fluoride content is high, a lower concentration of fluoride is advisable. On the basis of the available evidence, it appears that this method decreases the incidence of caries during childhood. The evidence from Colorado Springs indicates as well a reduction in the rate of dental caries up to at least 44 years of age.
2. No evidence has been found since the 1951 statement by the Councils to prove that continuous ingestion of water containing the equivalent of approximately 1 ppm of fluorine for long periods by large segments of the population is harmful to the general health. Mottling of the tooth enamel (dental fluorosis) associated with this level of fluoridation is minimal. The importance of this mottling is outweighed by the caries - inhibiting effect of the fluoride.
3. Fluoridation of public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable where the water supply contains less than the equivalent of 1 ppm of fluorine.

The Council of the Ohio State Medical Association is of the opinion that projects involving fluoridation of public water supplies should have the prior approval of the county medical society and the local dental society serving the area, as well as the appropriate agencies of local government.

Report on 1958 Annual Meeting

The Executive Secretary reported on progress being made in program arrangements for the Annual Meeting. He passed out to each member of The Council a detailed breakdown on the day-by-day schedule of events.

Research Fund

The Council reviewed a letter from Dr. R. E. Tschantz, Canton, suggesting that the OSMA sponsor a study of the amounts raised by single health agencies; evaluate cost of raising the funds; and consider the possibilities of the establishment of a single Ohio Medical Research Fund. The Council referred this matter to the Committee on

Relationship Between Medical Societies and Voluntary Health Organizations for study and action.

Report from TB Society

A letter from the Ohio Tuberculosis and Health Association was read and filed. It stated that the Board of Directors of that association on December 5 adopted a report of a special committee named to study a resolution on federated fund-raising adopted by the OSMA House of Delegates in May, 1957, which report listed arguments in favor of independent fund-raising campaign and arguments against a federated fund program. The report which was approved by the tuberculosis society board read as follows:

Text of Report

"The Special Committee of the Ohio Tuberculosis and Health Association, appointed to study the implications of a Resolution passed by the House of Delegates of the Ohio State Medical Association in May, 1957, met on September 11 to fulfill its charge.

"The Resolution under study 'approves the principle of a federation at the local level of all voluntary health agencies and the raising of funds for the federation through a single fund-raising campaign.'

"The Special Committee recommends that its report, as follows, be adopted by the Board of Directors of the Ohio Tuberculosis and Health Association as a statement of policy; that copies be distributed to county associations for their guidance; and that a copy be sent to the Ohio State Medical Association.

"1. A federated fund-raising campaign for all health agencies is contrary to the basic freedom of philanthropy and might lead to bureaucratic control. The right to choose the agencies one wishes to support and the amount one wishes to give is a cherished freedom, comprising the fundamental difference between voluntary giving and compulsory giving which is tantamount to taxation.

"2. A federated fund-raising campaign for all health agencies would undermine the quality of individual agency programs by destroying a healthful competition for public support and would encourage the existence of groups which are unable to earn such support based on their own program performance.

"3. A federated fund-raising campaign for all health agencies would result in loss of community interest in, and action on, specific health problems. Voluntary health agencies would tend to lose their identity and hence their individual appeal. Dissipation of public interest would result in serious damage to their programs.

"4. A federated fund-raising campaign for all health agencies is contrary to the policies of the local, state, and national tuberculosis associations adopted after years of successful experience in independent fund-raising.

"5. The Christmas Seal Sale provides educational and promotional support for tuberculosis control programs as well as a dependable method of fund raising. (See attached principles.)

6. The tuberculosis program has had capable professional advice and consultation through its medical sections, the American Trudeau Society, and the Ohio Trudeau Society, and through active participation of physicians on the boards of national, state and local associations. This close and valuable liaison has been in accordance with established principles of the medical profession."

Research Conference in Chicago

A communication from the Council on Medical Service of the AMA was received requesting the Ohio State Medical Association to send representatives to a meeting in Chicago on January 19, to discuss the Ohio resolution on a united research fund which was presented at the June, 1957, session of the AMA and referred to the special committee of the Council on Medical Services of the AMA for consideration. By official action, The Council instructed the Executive Secretary to request Dr. R. E. Tschantz, Canton, who presented the original resolution in the OSMA House of Delegates, and Dr. T. L. Light, Dayton, a member of the OSMA committee on this subject, to attend the January 19 meeting, if possible.

Complaint on UMW Claim

A report on other actions taken by the Committee on Medical Services on November 17 was submitted by the Executive Secretary, as follows, and approved by The Council:

Correspondence between a Cleveland physician and Dr. Falk of the UMW area office was considered. This involved refusal on the part of the UMW to pay all of the physician's bill for services to a UMW beneficiary.

The committee felt that inasmuch as the physician had requested the Cleveland Academy of Medicine to consider this matter and to render an opinion, that the correspondence should be returned to the Academy of Medicine of Cleveland with a recommendation that the Academy take up the question with Dr. Falk in an effort to work out a satisfactory settlement. The Executive Secretary was instructed to advise the Cleveland Academy of Medicine of this opinion by the committee and to offer the services of this committee, in event the Academy is unable to work out a satisfactory agreement.

Medicare Matters

The committee requested Dr. Hudson to attend a conference on "Medicare" sponsored by the AMA on the day following the AMA meeting in Philadelphia, namely, Friday, December 6, and Dr. Hudson consented to attend the meeting representing the Ohio State Medical Association. The committee suggested to Dr. Hudson that he should advise the Philadelphia conference, if the opportunity presented itself, that the Ohio State Medical Association still favors making "Medicare" an indemnity program and that it would be easy to convert the "Medicare" program into an indemnity program simply by eliminating the administrative ruling that Government allowances must be considered as "payment-in-full" and that a new ruling could be issued which would permit the physician, in certain cases, to charge the patient the difference between the Government's allowances and the bill for services rendered. Also the committee expressed the opinion that the representatives of the AMA on the Medicare Advisory Committee should be more emphatic in supporting the action taken by the AMA House of Delegates on this question at the June, 1957 AMA meeting.

Veterans Administration Schedule

A request from the Veterans Administration that a new format be developed for the medical fee schedule applying to the home-town VA program in Ohio, was considered. The committee felt that it was not in a position at present to take any action. It instructed the Columbus Office staff to prepare material on the existing fee schedule and possible changes in certain items for consideration by the committee at its next meeting.

Division of Aid for Aged

A letter from a physician expressing dissatisfaction with a decision made by Dr. Charles R. Wilcox, Medical Director of the Division of Aid for the Aged, on a bill for medical services, was discussed. It was the belief of the committee that additional information would be necessary before a decision could be made by the committee. This was held for action at the next committee meeting.

Copies of several letters from Cleveland physicians to the Executive Secretary of the Cleveland Academy of Medicine, expressing dissatisfaction with rulings made by the Division of Aid for the Aged, were discussed.

Consideration also was given to a letter from the Columbus Academy of Medicine recommending certain changes in administrative details involving the Aid for the Aged program.

The committee felt that it would be advisable and necessary to hold a conference with officials of the Division of Aid for the Aged, on these and other policy matters. The Executive Secretary was requested to set up a tentative date for such a meeting shortly after the first of the year.

Fees Paid Internists

Consideration was given to a letter from Dr. Arnoldus Goudsmit, President of the Ohio Society of Internal Medicine. In his letter Dr. Goudsmit pointed out that the internists believe that the amount of $15.00, which is now paid by the Bureau of Vocational Rehabilitation for examinations by internists in "disability freeze" cases is inadequate. The letter indicated that a fee closer to the "Medicare" fee of $50.00 would be more equitable. It requested the Ohio State Medical Association to take action on this request. The committee requested the Executive Secretary to discuss this subject with officials of the Bureau of Vocational Rehabilitation and to submit a report at the next meeting of the committee.

Committee on Public Relations

Actions taken by the Committee on Public Relations and Economics at a meeting October 6 were reported to The Council by Mr. Saville, and approved by The Council.

The report stated that progress is being made on the question of setting up standards for clinical laboratories and on the matter of trying to simplify and standardize forms used by insurance companies. These will be considered again by the committee at its next meeting, the report pointed out.

Definite action was taken on October 6 by the committee, and approved by The Council, on the following:

Diabetes Detection Program

The committee heard a report by Dr. Frederick H. Wentworth, Ohio Department of Health, on the diabetes case-finding program sponsored by the Ohio Department of Health, the Union County Medical Society, and other community agencies in that county. He stated that 2757 persons had received blood sugar tests. Of these, 155 were suspects requiring a follow-up. Of this number, 97 required glucose tolerance tests. Of 28 persons sent to physicians, 23 were diagnosed as having diabetes. Dr. Wentworth stated that the cost of the program was approximately $1 per screenee, or an average of $98 to find each positive case. It was his opinion that the program had been well accepted by the community and the medical profession and that it had been generally beneficial to the community. The committee also studied a report on the Union County Blood Sugar Screening Project presented by Robert A. Vogel, M. D., Health Commissioner, Union County, at the September 18-20, 1957 annual Conference of Health Commissioners. After careful consideration of the ramifications of the program and particularly the cost involved, the committee by unanimous vote reaffirmed the policy adopted by the committee on this question November 3-4, 1956, and approved by The Council, December 14, 1956, reading as follows:

> "The desirability of early recognition of disease in general is recognized. However, the philosophic concept of governmental case-finding of a non-communicable, non-industrial, naturally-occurring disease, the cost per case of those found, and the chances of favorably influencing the ultimate outcome of the dis-

ease are questionable to the extent that the committee does not approve of the project."

Rheumatic Fever Program

The committee considered the program of the Ohio Department of Health for making available to practicing physicians on request, through their local health departments, antibiotics for the prevention of recurring attacks of rheumatic fever. The Council referred this matter to the committee at its meeting on April 27, 1957. Dr. Wentworth explained this program, an article covering which appeared in the April, 1957 issue of *The Ohio State Medical Journal,* pages 474-5. He pointed out that local health departments had been advised by the Ohio Department of Health to confer with local medical societies in working out details for administering the program.

The committee could see no objection to the program because the use of the antibiotics furnished by the health department is solely at the discretion of the attending physician.

Corporate Practice

Dr. Orr, chairman of the Committee on Hospital Relations, and the Executive Secretary reported on three joint meetings which have been held by the hospital relations committee and the Judicial and Professional Relations Committee. The principal question considered at those meetings was the legal and ethical aspects of corporate practice of medicine. The reports stated that additional meetings during the Spring of 1958 are being planned and that the committees are not prepared as yet to report either to The Council or the House of Delegates. This progress report from the two committees was approved by The Council.

House of Delegates Procedures

Mr. Saville reported for the Special Committee on House of Delegates procedure which was created as a result of a resolution adopted at the 1957 Annual Meeting by the House of Delegates. The committee's report was approved by The Council. Main provisions of the report appear on page 213 this issue of *The Journal.*

Cancer Committee

The Council heard and approved a report from the Executive Secretary on a meeting of the Cancer Committee and the Cancer Coordinating Committee on November 3. Highlights of the report appear on page 216 this issue of *The Journal.*

Workmen's Compensation

Mr. Saville reported for the Committee on Industrial Health and Workmen's Compensation, in behalf of the chairman, Dr. H. P. Worstell. He stated that the upward revisions in certain items in the Workmen's Compensation fee schedule recommended by the Committee had been presented to Mr. James L. Young, the BWC Administrator, and are now receiving his consideration.

It was reported that the Commission's new mechanized method for payment of doctor's bills is now in effect, and that the new system would result in prompt payment of these bills.

Included in the committee's report, which was approved by The Council, was a recommendation that the BWC be requested to revise its contract with hospitals to permit hospitals to include the cost of anesthetic supplies in their per diem costs and to eliminate the provision in the fee schedule that the Bureau expects the anesthetist to supply anesthetic material without compensation beyond the professional fee allowed in the schedule. An agreement on this question was reached in a conference between representatives of the Committee and representatives of the Ohio Hospital Association and the Ohio Society of Anesthesiologists, and approved by these organizations. The proposition will be presented to officials of the BWC at an early date.

Industrial Health

The Council also approved a recommendation of the committee that its activities be enlarged, and that the work of the committee be divided, with one subcommittee handling matters relating to Workmen's Compensation and a second subcommittee handling matters relating to industrial health, industrial hygiene and industrial health programs generally. President Martin was instructed to enlarge the personnel of the committee accordingly.

Report on AMA Meeting

Doctors Woodhouse, Sherburne and Hudson presented a detailed report on the actions at the AMA House of Delegates at the recent Philadelphia meeting. **(See pages 81-83 January issue of *The Journal* for detailed story.)**

Forand Bill

By official action, The Council adopted a statement of policy with respect to the so-called Forand Bill, H. R. 9467, which will be considered at the next session of Congress starting in January. **(See page 85 of January issue of *The Journal.*)**

The Executive Secretary was instructed to send a copy of this statement to all Ohio Congressmen and to the legislative chairmen of all county medical societies, requesting that they also discuss this bill with their respective members of Congress and urge them to vote against it should it come to a vote.

Report on Research Animal Procurement

Mr. Edgar presented a report on what is being done in Ohio under the provisions of HB 384, the law passed at the 1957 session of the Ohio General Assembly to provide more dogs for medical research. His report was as follows:

There have been 16 institutions certified by the Ohio Public Health Council as eligible for participation under the provisions of HB 384. At Ohio State University, it was reported that steps are being completed to have everything in order for procurement, and that pound officials have assured cooperation. The University of Cincinnati program already is in operation and working smoothly. Cleveland institutions were reported prepared to begin requisitioning in the near future. The Ohio Public Health Council has 13 additional applications for certification to consider at its next meeting.

Ethics of Group Practice

Action which was taken at the December, 1957, AMA meeting on ethical aspects of group practice was discussed and endorsed, such action reading as follows:

> Whereas, It has been found by experience that physicians practicing as a partnership, association or as members of other lawful group arrangements can preserve the physician-patient relationship, insuring that medical responsibility lies in the hands of the patient's own doctor and not in the hands of an unlicensed person or entity; and
>
> Whereas, The ethical principles of the AMA apply to the individual physician whether he practices alone or with a group; So therefore be it
>
> Resolved, That the House of Delegates affirm that it is within the limits of ethical propriety for physicians to join together as partnerships, associations or other lawful groups provided that the ownership and management of the affairs thereof remains in the hands of licensed physicians.

AMEF Program

Reporting for Dr. Merrill D. Prugh, Ohio Chairman for the American Medical Education Foundation, Mr. Saville stated that as of November 30, 1957, Ohio contributors to AMEF numbered 529, for a total of $24,652.94. Comparable figures for 11 months in 1956 were 430 and $21,303.25.

OMI Nominating Committee

The Council authorized President Martin to appoint a nominating committee to present nominees for the Board of Directors of Ohio Medical Indemnity for the annual stockholders meeting of OMI next April, the nominating committee report to be acted upon at the March 1 meeting of The Council.

Mahoning County Report

A report of the Committee on Industrial Health of the Mahoning County Medical Society with respect to diagnostic programs for employes of industry was considered and copies passed out to members of The Council pursuant to a request which had been made by Dr. Gustafson by letter.

President Martin advised members of The Council that Dr. Monger has been seriously ill but is now convalescing satisfactorily. The Council adopted a resolution wishing him a speedy recovery.

The Council then adjourned to meet on Saturday, March 1.

Attest: Charles S. Nelson,
Executive Secretary.

General Physicians Sponsor Cincinnati Symposium on Neurological Problems

Symposium on Selected Medical and Neurological Problems is the title of the Lederle Symposium to be presented at the Netherland-Hilton Hotel, Cincinnati, Sunday, February 23. Sponsored by the Ohio Academy of General Practice in collaboration with the Southwestern Ohio Society of General Physicians, registration will be held from 9:00 to 10:00 a. m.

The morning program consists of papers by Dr. Edward Litin, Mayo Clinic, entitled "Emotional Development of Children"; "The Differential Diagnosis and Treatment of Borderline Thyroid," by Dr. G. H. Marquardt, Chicago; and "The Recognition of Allergic Reactions During Drug Therapy," by Dr. Samuel M. Feinberg, Chicago.

The afternoon scientific session consists of the discussions on "The Significance and Accuracy of Laboratory Reports," by Dr. Louis S. Smith, Dallas, Texas; "Indications For the Use of Hormones and Tranquilizing Agents in the Treatment of the Menopause and Nervous Tension States," by Dr. William E. Barfield, Augusta, Ga., and "Intracranial Bleeding," by Dr. Frank H. Mayfield, Cincinnati.

Dr. Morton Hamberger, of Cincinnati, will be the moderator for the morning session. Dr. Richard Vilter, Cincinnati, and Dr. Robert L. McLaurin, Cincinnati, will be moderators for the afternoon program.

The physicians are urged to bring their wives for the day and a program has been planned for them.

Emotional Disorders Under Medicare . . .

Only in Exceptional and Unusual Cases Is the Treatment of Emotional Disorders Under the Program for Dependents' Medical Care Authorized

TREATMENT of nervous and mental disorders under the Dependents' Medical Care program is authorized only in special and unusual cases, according to a communication from the Medicare office in Washington. Following is the text of ODMC Letter No. 2, dated January 2, 1958, and signed by Maj. Gen. Paul I. Robinson, executive director of the Office for Dependents' Medical Care:

Acute Emotional Disorders

1. This letter supersedes ODMC Letter No. 8, dated 20 March 1957.

2. Treatment of nervous and mental disorders is not authorized under the provisions of the Dependents' Medical Care Act, Public Law 569, 84th Congress, except in special and unusual cases (see Sec. 103(g)(2) and Sec. 204).

3. The authority given the Secretary of Defense to make exceptions for hospitalization of patients for nervous and mental disorders in uniformed services medical facilities requires some explanation from a practical view. The delegation of this authority is further made to the Surgeon General of the respective service by paragraph 404 b of the Joint Directive for Implementation of the Dependents' Medical Care Act (P. L. 569, 84th Congress), dated 18 October 1956. The Surgeon General of the respective uniformed service is also authorized to transfer eligible dependents from civilian facilities to uniformed services medical facilities for treatment of acute emotional disorders by paragraph 502 g, Joint Directive for Implementation of the Dependents' Medical Care Act. However, beds available for women and children in uniformed services medical facilities for the treatment of nervous and mental disorders are few in number. In general, they are sufficient only for female uniformed service members and for dependents having nervous and mental disorders who are evacuated from outside continental United States. Therefore, transfer from civilian facilities to uniformed services facilities in the continental United States will rarely be accomplished.

4. Paragraph 502 g of the Joint Directive recognizes the need for authority to hospitalize in civilian facilities cases of acute emergency, including acute emotional disorders. The mentioned paragraph states in essence that hospitalization and medical care are authorized at Government expense for such emergencies only pending completion of arrangements for care elsewhere unless the illness or condition also qualifies for hospitalization under other provisions of the Law or Directive. This is interpreted to mean that the Government is liable for payment of the hospital and physicians' bills only:

a. Until the acute emotional disturbance subsides; or

b. Until the sponsor can arrange for care at other than Government expense, whichever is earlier.

The judgment and integrity of the attending physician must be relied upon to determine when the acute emotional disturbance subsides and his word will be unquestioned except when there is evidence to the contrary. Likewise, the judgment of the physician must be relied upon to determine the probable duration of hospitalization which will be required for each individual patient.

5. In order to establish a working arrangement so that fiscal administrators will be able to handle many cases without referral to the Office for Dependents' Medical Care, bills may be paid without further reference:

a. If the physician states the condition was one of acute emotional disorder constituting an emergency requiring hospitalization for the life, health or well-being of the patient, regardless of psychiatric diagnosis; and

b. If the duration of hospitalization for the acute emotional disorder **did not exceed 21 days.**

When the Government's liability terminates not later than 21 days, the DA Form 1863 for the physician and hospital should show the type of disposition which has been made. This will aid contractors in making prompt payments.

6. Extension of medical care beyond 21 days at Government expense may be granted only by the Contracting Officer, Office for Dependents' Medical Care, and the basis for such extension is as follows:

a. Extensions beyond 21 days may be considered for short periods of time for the following reasons:

(1) When there is necessity for more time for the sponsor to assume responsibility. Examples: (a) sponsor's return from overseas

station, sea duty, etc.; (b) difficulty in obtaining agreement of state or municipal institution to accept patient;

(2) When retention in the hospital for a matter of two or three weeks will result in a cure or remission which will permit patient to return home;

(3) When underlying diagnosis for determination of length of care cannot be made within the 21-day period.

b. The procedure for requesting an extension of hospitalization beyond 21 days is as follows:

(1) Upon admission of a patient under the Dependents' Medical Care Program, the hospital administrator should immediately contact the charge physician to ascertain the length of time hospitalization will be required for the acute emergency;

(2) If the attending physician is of the opinion that hospitalization will be required beyond a 21-day period, the hospital administrator should immediately obtain from the attending physician a report containing information specified in subparagraph (3) below and forward *direct* to the Contracting Officer, Office for Dependents' Medical Care, Office of The Surgeon General, Washington 25, D. C. A copy of this report will be sent to the contractor paying the hospital and the physicians. Because of the shortness of time, this report must be submitted by the end of the first seven days of hospitalization and be forwarded by air mail, if more expeditious;

(3) The report will be clinical in nature and will show the name of the dependent, date of admission, diagnosis, nature of acute emergency, prognosis, service member's name, serial number, branch of service, the physician's name, and the length of time for which extension of hospitalization at government expense is requested with appropriate reasons therefor.

7. In those cases when extensions of time beyond 21 days are granted by the Contracting Officer, the DA Forms 1863 submitted by the hospital and physician must have attached thereto a copy of the Contracting Officer's authorization.

8. **Procrastination and delay on the part of an available sponsor to arrange for care of the patient at other than government expense will in no case be considered reason for extension of the 21-day period.**

9. On receipt of request for extension of medical care beyond 21 days, the Contracting Officer will determine if facilities are available for further care in uniformed services facilities, and if so, will notify the hospital and contractors. If an extension of time is not justified or uniformed services facilities are not available, the Contracting Officer will notify the hospital and contractors of the date when the Government's liability for payment did or will terminate.

10. Physicians accepting patients with acute emotional disorders under the Dependents' Medical Care Program have the great responsibility of making recommendations which are compatible with the Law governing the Program. They must determine that the acute emotional disorder is one which constitutes an acute emergency and that hospitalization is necessary for the life, health or well-being of the patient. They should institute treatment as indicated and at the same time begin discussions with the sponsor which will lead to the proper treatment and care of the patient at other than Government expense.

11. Outpatient care prior to or after hospitalization as an inpatient is not authorized for acute emotional disorders. Treatments so rendered (electro-shock treatment, occupational therapy, etc.) are the responsibility of the patient.

12. The attending physician may not charge for examinations or treatments when, in fact, they were performed by interns, residents, or other ancillary medical personnel.

* * *

Admissions for Diagnostic Surveys Under Medicare Clarified

Following is a communication from Maj. Gen. Paul I. Robinson, executive director of the Office for Dependents' Medical Care:

1. Based upon inquiries received, it appears that some misunderstanding exists as to the extent that admissions for diagnostic purposes are authorized under the Dependents' Medical Care Program. The following is a restatement covering the scope of such admissions as may be authorized for coverage under the program.

2. Diagnostic admissions, *per se,* are not authorized under the Dependents' Medical Care Program in civilian facilities. Once a patient is admitted to a hospital for an "acute medical or surgical condition," payment for diagnostic tests and procedures, including laboratory tests and pathology and x-ray examinations, when ordered by the attending physician, are authorized. This is interpreted to include those cases evidencing manifestations of an acute illness requiring hospitalization for proper treatment even though a firm diagnosis had not at the time of admission been determined. When it is determined that the acute illness requiring hospitalization is an acute exacerbation, or a complication of a chronic disease, or other condition not covered under Public Law 569, the liability of the Government is limited to treatment of the acute phase only.

House of Delegates Procedure . . .

Special Committee Assigned To Study This Question Makes Report To The Council at December Meeting; Handbook for Delegates Authorized

AT the December meeting of The Council, a detailed report was presented by a special committee which has been studying ways of improving the transaction of business by the House of Delegates of the Ohio State Medical Association—a request made in a resolution adopted at the 1957 Annual Meeting.

Members of the committee are: Dr. Charles W. Hoyt, Cincinnati, chairman; Dr. Paul J. Schildt, Lakewood; Dr. Donald W. English, Lima; Dr. Robert M. Inglis, Columbus; and Dr. Harlin G. Knierim, Mansfield. All have been long-time members of the House of Delegates. Mr. Saville, assistant executive secretary, served as secretary of the committee. The committee was assisted in its work by Dr. George A. Woodhouse, President-Elect of the Association, and a long-time member of the House of Delegates of the AMA.

Commended for Innovations in 1957

In its report to The Council, the committee expressed the opinion that officials of the Ohio State Medical Association should be commended for improvements initiated at the 1957 session in Columbus. These innovations included the appointment of two reference committees on resolutions so that more time was available for consideration of the various resolutions presented; making available mimeographed copies of the resolutions the day following the opening session; and also providing the delegates with mimeographed copies of the reference committees' reports at the closing session. The committee also approved the present system of registering in delegates and alternates in lieu of having a roll call.

It recommended that the plan of having the first session of the House of Delegates a dinner meeting on Monday evening with the final session a Thursday morning breakfast be continued. It was pointed out that this gave adequate time for consideration of resolutions by the reference committees.

Deadline on Resolutions Suggested

The committee considered ways and means of getting copies of resolutions to the delegates in ample time before the meeting so that the resolutions could have the careful consideration of the delegates and so that they could determine the reaction of the members of their county societies to the resolutions. It voted to recommend to The Council that the House of Delegates at the 1958 annual meeting be requested to amend the By-Laws of the Ohio State Medical Association as follows:

> "All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than sixty days prior to the meeting of the House of Delegates to which the resolutions will be presented for action:
>
> Provided, that this sub-section of the By-Laws may be suspended with respect to any resolution upon a two-thirds majority vote of the House of Delegates."

What Would Be Accomplished

Members of the committee felt that the adoption of this amendment to the By-Laws would accomplish the following: (1) Copies of resolutions could be sent to the delegates for study well ahead of the time of the meeting; (2) Copies of resolutions could be published in the first available issue of *The Ohio State Medical Journal* prior to the meeting; (3) By having the resolutions early, the delegates could present them at a meeting of the county medical societies prior to the annual meeting of the Ohio State Medical Association and obtain the reactions of the county societies to the context of the resolutions.

Recommend Handbook

The committee also recommended to The Council:

1. That the State Headquarters staff produce a handbook on procedure in the House of Delegates, this handbook to be sent to all delegates prior to the annual meeting. In addition to the order of business, rules, and general mechanism of the House of Delegates, the committee suggested that special attention be called in the handbook to the desirability of careful drafting of resolutions so that mis-statements and inflammatory statements are avoided.

2. It was felt that the introduction of resolutions should be stimulated, but that attention should be called to the public relations' implications of carelessly-worded resolutions.

3. Stenographic service should be supplied to each reference committee on resolutions so that accurate notes can be made during the committee

hearings, and actions of the committee accurately recorded.

4. Through *The Journal* and *OSMAgram,* it should be publicized that all members of the Association may attend meetings of the reference committees.

5. A definite listing of the time and place of meetings of the reference committees and time schedules of hearings on the various resolutions should, if possible, be announced and posted at the time of the first session of the House of Delegates.

Influenza Causes Slight Increase In Mortality for the Year

Reflecting largely the widespread outbreak of Asian influenza, the general mortality in the United States increased moderately in 1957, according to the statisticians of the Metropolitan Life Insurance Company.

The national death rate for 1957 is estimated to be 9.6 per 1,000 population, compared with 9.4 for 1956. It is the tenth year in succession to record a rate below 10 per 1,000.

Since the beginning of September, the acute upper respiratory diseases, including Asian influenza, have disabled about half the population for at least one day, according to information available from the current National Health Survey. Although the case fatality rate for the respiratory diseases has been relatively low, the death rate from influenza and pneumonia as a group increased in 1957, rising to about 34 per 100,000. This is the highest rate in about a decade, but less than half that recorded in any year prior to 1941.

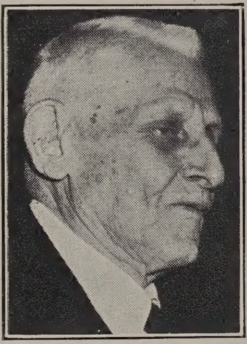
In sharp contrast to the influenza pandemic of 1918-19, the excess mortality resulting from the recent outbreak was concentrated in large measure among people past age 55. A considerable part of the rise in general mortality occurred among people who had disorders of the heart and arteries.

One of the outstanding features of the year's health record is the marked reduction in cases of poliomyelitis. "About 6,000 cases of the disease were reported in the United States during 1957. This compares with more than 15,000 cases reported in 1956, about 29,000 in 1955, and with nearly 58,000 in 1952.

The continued decline in mortality from tuberculosis is another favorable aspect of the health record. Infant and maternal mortality in 1957 continued at the all-time low levels established the year before.

Dr. Sollmann Honored as "Dean of American Pharmacology"

Dr. Torald Sollmann, 83, Dean Emeritus of Western Reserve University's School of Medicine in Cleveland, Ohio, received the Annual Award of the American Pharmaceutical Manufacturers' Association (APMA) at a dinner in the Waldorf-Astoria, New York, on December 10.



Dr. Sollmann

Honored as the "Dean of American Pharmacology," Dr. Sollmann came to national prominence in 1917 when he published the first textbook on pharmacology in the English language. The book in revised form is still a standard text for medical students.

Francis Brown, president of APMA, cited Dr. Sollmann's work on the Council on Pharmacy and Chemistry of the American Medical Association. He is a charter and still active member of the Council, and has served as chairman for more than 20 years.

Dr. Sollmann has also contributed "unselfishly of his wisdom to the nation's military services, the Department of Agriculture, and other federal, state and local government agencies," said Mr. Brown, who is also president of the Schering Corporation.

Dr. Sollmann was born in Coburg, Germany, in 1874. He became a naturalized U. S. citizen in 1896 and received his M. D. degree from Western Reserve University the same year. Other degrees include an L. L. D. from Western Reserve University, and an Hon. D. Sc. from Ohio State University.

He has also servved as a consultant to the U. S. Public Health Service since 1935; a member of the Executive Revision Committee, U. S. Pharmacopoeia from 1910 to 1930; consultant, U. S. Army, U. S. Navy and U. S. Department of Agriculture, 1902, 1917. He is a Fellow, American Medical Association and member of many professional organizations.

Cincinnati Area GP's

Heart Disease was the theme at the January 19 program of the Southwestern Ohio Society of General Physicians at the Hartwell Country Club. Joint sponsors were the Heart Association of Greater Cincinnati and the University of Cincinnati College of Medicine.

Next meeting will feature the Lederle Symposium entitled, "ENT and Allergic Disorders."

Social Security for Doctors . . .

Each County Medical Society in Ohio Has Been Sent Letter Urging The Society To Instruct Its Delegate or Delegates on This Question

ON January 14, Dr. Robert S. Martin, president of the Ohio State Medical Association wrote to the President of each County Medical Society in Ohio as follows:

"Dear Doctor:

"The Council of the Ohio State Medical Association has requested me to strongly recommend that each County Medical Society instruct its delegate (or delegates) how to vote on the following question which may be introduced at the 1958 Annual Meeting in Cincinnati, April 15-17:

"Should, or should not, the Old Age and Survivors Insurance section of the Federal Social Security Act be amended to extend coverage to all doctors?

"The Council believes each County Medical Society should poll its members on this subject so delegates will have the sense of the membership. It suggests each society be prepared to furnish statistics on the number voting and the results.

"How to give your members the pros and cons is a matter to be determined by you. If you desire to send data on this subject to your members, and you believe the enclosure would be satisfactory, let the Columbus Office know how many copies you will need and we will send a supply to you.

"The Council believes that this method of having each County Society determine the views of its membership on this question is more practical than a state-wide referendum such as the one conducted by the State Association in the Fall of 1955. At the time of the 1955 poll, ballots were sent to 8,360 members; 4,912 ballots were returned; 2459 ballots were cast in favor of Social Security coverage (370 for compulsory, 2070 for voluntary and 19 with no preference stated) and 2441 ballots were cast against coverage, either voluntary or compulsory. Twelve ballots could not be counted because of irregularity in markings.

"I urge your society to give this question consideration as promptly as possible so your delegate (or delegates) will know the will of your membership if he is called upon to vote on this issue at this year's Annual Meeting."

It is assumed that each County Medical Society is giving thought to this question; will advise its delegate (delegates) how the members feel about this subject.

The "pro" and "con" statement which accompanied Dr. Martin's letter was set in type and multiple copies offered to county societies wishing to send a copy to members.

Bunts Institute of Cleveland Offers Course for General Practitioners

The Frank E. Bunts Educational Institute affiliated with The Cleveland Clinic Foundation is offering the fifth annual day and one-half postgraduate course of particular interest to general practitioners. This course, open to all members of the medical profession, is sponsored by the Cleveland Chapter of the American Academy of General Practice and has been approved for 10 hours' credit.

The course will be held on the fourth floor of the North Clinic Building, located at Euclid Avenue and East 93rd Street.

The following topics are scheduled on Wednesday, February 12:

Obstetrics and Gynecology—Gynecologic Problems During Pregnancy; Gynecologic Problems after Pregnancy; Office Diagnostic Procedures in Gynecology.

Pediatrics—The Handicapped Child; The Uncommon Types of Epilepsy in Children; Evaluating Intelligence in Children.

Therapy—Stapes Mobilization; Symbiotic Combinations in Antibiotic Therapy; Practical Approach to Problems of Electrolyte Balance.

Trauma—The Orderly Approach to the Injured Patient; Management of Ocular Injuries; Immediate Management of Chest Injuries.

The following topics are scheduled on Thursday, February 13:

Old Timers Session — Psychoneurotic States; Common Geriatric Dermatoses; Functional Mechanism of Pain; Changing Concepts of Renal Disease.

Miscellaneous Topics—Cine-Cardioangiography in the Diagnosis of Congenital Heart Disease; Obesity and Longevity; Dermatologic Lesions of the Anal Area; Common Diagnoses in Office Proctology.

Thursday afternoon tour of Hospital and Clinic.

Cancer Registry Activities . . .

Report Made at Recent Committee Meeting Is Presented to The Council; Problems Aired; Plans for Future Acted Upon; Ask for Legal Opinion

A REPORT on the status of cancer reporting in Ohio and progress being made by the Ohio Cancer Registry was presented to The Council of the Ohio State Medical Association in December by the Cancer Committee and the Cancer Coordinating Committee.

Members of the Cancer Committee are: Drs. Arthur G. James, Columbus, chairman; C. E. Hufford, Toledo; John H. Lazzari, Cleveland; Frank T. Moore, Akron; W. D. Nusbaum, Lancaster; William P. Yahraus, Canton; A. E. Rappoport, Youngstown; Walter A. Reese, Middletown; Carl A. Wilzbach, Cincinnati; W. E. Wygant, Mansfield; Robert E. Quinn, Chillicothe; William J. Flynn, Youngstown.

Members of the Cancer Coordinating Committee are: Drs. James, Hufford, Nusbaum, Rappoport, and Wilzbach, representing the Ohio State Medical Association; Dr. Hamilton B. G. Robinson, Columbus, representing the Ohio State Dental Association; Mr. Edgar O. Mansfield, Columbus, representing the Ohio Hospital Association; Dr. Ralph E. Dwork and Mr. William Veigel, representing the Ohio Department of Health; Mr. J. P. Kalina, Cleveland, representing the Ohio Division, American Cancer Society.

The report, which was approved by The Council, was based on the following excerpts from minutes of meetings of the two committees held on last November 3:

A detailed report with respect to the operation of the Ohio Cancer Registry compiled by Mrs. Nancy Lucas, Miss Polly Reish and Dr. Betty Coulter, of the Ohio Department of Health staff, and Mr. Veigel, was presented. Following is a summary of the report:

Summary Statement

Registered to date	(1956 cases)	3398	
On hand to be registered	(1956 cases)	495	3893
Registered to date	(1957 cases)	1268	
On hand to be registered	(1957 cases)	351	1619
Total number of follow-up inquiry reports sent out (1st 8 months of 1957 on 1956 cases):			2097
Total number not returned to date (24%)....			517

At the present time there are 17 registries participating in the Ohio Cancer Registry, representing 27 hospitals in the following cities: Akron, Bay Village, Cleveland, Columbus, Cuyahoga Falls, Dayton, Elyria, Gallipolis, Lancaster, Mansfield, Martins Ferry, Portsmouth, Youngstown (St. Elizabeth and Youngstown Hospital Association), Zanesville (Good Samaritan and Bethesda).

Other Activities

During 1956 the basic record forms for Ohio Cancer Registry operation were revised and printed. These forms were then distributed to local cancer registries desiring to use them or participate in the Ohio Cancer Registry. In addition a procedures manual for local cancer registry operation was written, printed and distributed to participating registries.

There were talks made on cancer registry operation to several groups, including the Central and Northern Ohio Medical Record Librarians Associations and the executive secretaries of Ohio's local units of the American Cancer Society at their annual meeting.

Personnel participated in the preparation of educational material on the cancer registry for an exhibit at the Ohio State Medical Association meeting in Cleveland and personnel also manned the booth during meeting days.

Files and procedures were set up in the Ohio Cancer Registry office for the receipt and handling of cancer registry records from the local registries.

Some of the reasons given by physicians for non-interest in cancer registry establishment and participation in the Ohio Cancer Registry were discussed. Main objections to cancer registry establishment and participation raised by hospital personnel center around non-availability of required personnel, facilities and money to provide such.

Procedures Approved

It was reported that the Cancer Registry is accepting registry forms used by established local registries providing such forms contain required basic information even though they may be somewhat different in format from the state-wide forms. This met with the approval of the committee.

The committee expressed approval of the idea of a program to try to secure more cooperation from pathologists and radiologists in promoting the establishment of local cancer registries and/or participation in the Ohio Cancer Registry.

Also, the committee expressed the view that it could see no harm in having the Central Registry provide duplicate sets of marginal punch card case data to local registries for statistical purposes until such time as the Central Registry is able to furnish tabulated data.

New Suggestions

Doctor Wentworth, chief of the Division of Chronic Illness, Ohio Department of Health, offered some ideas as to how the Ohio Department of Health might assist in the establishment of local registries and in promoting the program state-wide. Doctor Wentworth recommended: (1) That assistance to establish local registries be concentrated in selected areas instead of being scattered throughout the entire state, especially in communities which appeared not to be ready for a local registry; (2) That the State Department of Health sponsor a seminar in which the purposes and values of cancer registries could be explained; (3) That financial assistance might be given in the establishment of local registries where there was evidence that local funds could not be secured from the local cancer society or other sources. The committee expressed approval of Doctor Wentworth's recommendations, urging, however, that financial assistance be kept at a minimum as it would be better to have this project financed through local funds, if possible.

Ask for Legal and Ethical Opinions

A discussion was held on the question of "confidentiality" with respect to reports made by physicians to registries and by local registries to the Central Registry. In order to secure more information for consideration later by the committee, the committee, by official action, adopted the following motions:

> (1) That The Council of the Ohio State Medical Association be requested to ask the Judicial Council of the AMA for a ruling as to whether there is a breach of medical ethics on the part of physicians who report information on cancer patients, without the specific consent of such patients and without being required to do so by law, to local cancer registries which registries in turn report the data to a state registry.
>
> (2) That the chairman appoint a committee of not more than five from among the personnel of the co-ordinating committee to inquire into the legal aspects of reporting by physicians of information on cancer patients to local and state cancer registries and to prepare recommendations as to proper steps to make such procedures legal if the study should show that the reporting may be in violation of the laws pertaining to confidential and privileged communications.

Before the joint meeting adjourned a resolution expressing sympathy with respect to the death of Mr. L. E. Herget, Managing Director of the Ohio Division, American Cancer Society, and a member of the Co-ordinating Committee, was adopted and the Executive Secretary was instructed to convey this information to Mrs. Herget.

ACS Program Approved

Immediately following adjournment of the joint session, the Cancer Committee of the Ohio State Medical Association met to consider a report from Doctor James regarding the "Exfoliative Cytology Program," which is being sponsored nationwide by the American Cancer Society. A summary of this program follows: Mobilize support and interest of responsible pathologists; secure the support of the responsible component medical societies; recruitment and training of cyto-screeners; support and promote adequate laboratory and physical facilities where needed; inform all responsible physicians in the area about the program; get the public education program started at the proper time; provide continuity of examination; preserve the doctor-patient relationship; make the program self-supporting.

Doctor James stated that the American Cancer Society believes a motion picture on the cytology program should not be shown to lay groups in areas where services and facilities may not be adequate to carry out the program. He stated that the Cancer Society would like to have the cooperation of the Ohio State Medical Association and its local units on the entire matter. Following the discussion the committee voted cooperation with the national society. It endorsed the showing of the film in areas where facilities and services for carrying out the program are adequate, the question of adequacy to be determined by the medical advisory committee to the local cancer society. The committee suggested that in instances where facilities and services may be found inadequate that the local medical society be requested to cooperate in an effort to establish the necessary facilities and services.

Cincinnati ENT Course

The 22nd annual graduate convention in otology, rhinology and laryngology will be presented by the University of Cincinnati College of Medicine April 7-12. Details may be obtained from the Dean.

Proposed Amendments . . .

To By-Laws of Ohio State Medical Association Scheduled For Vote by The House of Delegates at the 1958 Annual Meeting in Cincinnati

ON authorization of The Council, a number of proposed amendments to the By-Laws of the Ohio State Medical Association will be submitted to the House of Delegates for action at the 1958 Annual Meeting, April 15-17, Cincinnati. In compliance with Chapter 15, Section 1, of the By-Laws, the proposed amendments are being published herewith in *The Journal.*

Proposed Amendment No. 1

This amendment proposes substitute wording for Sec. 4, Chapter 1 of the By-Laws pertaining to eligibility for membership in the Ohio State Medical Association. It clarifies the existing section on matters relating to foreign-born applicants for membership.

Be It Resolved that Sec. 4, Chapter 1 of the By-Laws be amended to read as follows:

Sec. 4. Eligibility. This Association shall consist of one class of members only viz: those members of component societies who have complied with the membership eligibility requirements of this section and whose past and current annual dues and assessments in this Association shall have been received from their respective component societies at the headquarters of this Association.

To be eligible to membership in this Association a person shall possess all of the following qualifications, to-wit:

(a) He must be a citizen of the United States, OR

He must have resided in the United States for at least one year, and he must have filed in an appropriate court of record a declaration of his intention to become a citizen of the United States, which declaration has not been withdrawn.

(b) He must be licensed to practice medicine and surgery by the licensing authority of the State of Ohio, OR

If he is currently serving as a hospital intern or resident within the State of Ohio and is not a member of a medical society of the District of Columbia or of any state or territory of the United States, he must be licensed to practice medicine and surgery by the licensing authority of the District of Columbia or of some state or territory of the United States.

(c) He must hold the degree of doctor of medicine or some foreign degree in medicine regarded by the Council of the Ohio State Medical Association as equivalent thereto.

Proposed Amendment No. 2

Amendment No. 2 proposes a new section in Chapter 4 of the By-Laws, relating to the introduction of resolutions in the House of Delegates. This proposal was suggested by the special committee which studied House of Delegates procedure. In effect, it provides resolutions must be filed with the Columbus Office 60 days in advance of the meeting so copies can be distributed to delegates; that no resolution may be introduced otherwise unless consent of two-thirds of the House of Delegates is obtained; that all resolutions must be introduced at the first session of the House of Delegates—a provision implied in the Order of Business but not specifically stated.

Be It Resolved, that Section 8 of Chapter 4 of the By-Laws be re-numbered so as to make it read "Section 9," and that a new section to be known as Section 8 of Chapter 4 of the By-Laws be enacted to read as follows:

Sec. 8. Resolutions. Every resolution to be presented to the House of Delegates for action shall be filed with the Executive Secretary of the Association at least sixty (60) days prior to the meeting of the House of Delegates at which such action is proposed to be taken; and promptly upon filing of any such resolution the Executive Secretary shall prepare and transmit a copy thereof to each member of the House of Delegates. No resolution may be presented or introduced at any meeting of the House of Delegates unless the foregoing requirements of filing and transmittal shall have been complied with or unless such compliance shall have been waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at such meeting.

The Executive Secretary may cause to be published in *The Journal* in advance of such meeting of the House of Delegates any or all resolutions so filed with him; and upon the direction of the President or the Council the Executive Secretary shall cause to be so published such resolutions as the President or the Council may designate.

No consideration may be given, or any action taken, by the Committee on Resolutions or the House of Delegates, with respect to any resolution unless such resolution shall have been presented or introduced at the opening session of the meeting of the House of Delegates.

Proposed Amendment No. 3

The Committee on Scientific Work has suggested that the committee be enlarged in order to provide more personnel to work on Annual Meeting details. Amendment No. 3 proposes changes in Sec. 2 and Sec. 4 of Chapter 9 of the By-Laws enlarging the committee to 10 members and outlining the way they shall be appointed.

Be It Resolved that Sec. 2 and Sec. 4 of Chapter 9 of the By-Laws be amended to read as follows:

Sec. 2. Method of Appointment. The standing committees shall be appointed by the President with the approval of the House of Delegates. Each year there shall be appointed one member for a term of five years to each of the following standing committees: Committee on Public Relations and Economics, Committee on Education, and Judicial and Professional Relations Committee; and each year there shall be appointed two members for a term of five years to the Committee on Scientific Work. The President shall designate the chairman of each committee from among its members.

Sec. 4. Committee on Scientific Work. The Committee on Scientific Work shall consist of ten members. This committee shall have charge of the general arrangements for the annual meetings of the Association, including the scientific programs both for general sessions and such sections as may be authorized by Council, as well as the scientific exhibits.

On recommendation of this committee the Council shall appoint a general chairman of a Local Committee on Arrangements, who, after consultation with the president of the component society of the county in which the meeting is to be held, shall appoint and organize the personnel of the Local Committee on Arrangements from the members of the component society of such county. Through sub-committees of its choice the Local Committee on Arrangements shall have charge of all local arrangements, including provision of suitable meeting places, subject to the approval of the Committee on Scientific Work.

All receipts from the annual meeting shall be turned over to the Treasurer of this Association. All expenditures must be authorized in advance by the Auditing and Appropriations Committee.

With the advice of the President and subject to approval by Council, the Chairman of the Committee on Scientific Work may appoint such sub-committees as he may deem necessary and designate a chairman for each sub-committee so appointed.

Easter Seal Groups Break All Records In Number of Persons Helped

Breaking all previous records, more than 158,000 crippled children and adults received care from Easter Seal societies in 1957, and scores of new facilities and programs for the handicapped began operation, it was reported by the National Society for Crippled Children and Adults.

Dean W. Roberts, M. D., executive director of the Easter Seal Society, states in the organization's 1957 annual report titled "Steps to Rehabilitation" that greater service to the crippled than ever before in its 36-year history marked the strides made by the National Society during the past year.

Rehabilitation and treatment centers and programs of care, treatment and education now total approximately 1,400 and constitute an investment of more than $3,500,000 during the past year.

The Pan American Medical Women's Alliance will hold the Sixth Biennial Congress in Hotel McAllister, Miami, Florida, April 14-17, 1958. Medical women are invited to attend and to participate in the program. For further information please write to, Dr. Eva Cutright, 458 Beall Ave., Wooster, Ohio.

PERFORMANCE WITH GREATER PERMANENCE IN THE MANAGEMENT OF DERMATOSES...
(Regardless of Previous Refractoriness)
Confirmed by an impressive and growing body of published clinical investigations *

TARCORTIN® CREAM
Hydrocortisone 0.5% and Special Coal Tar Extract 5% (TARBONIS®) in a greaseless, stainless vanishing cream base.

NEO-TARCORTIN® OINTMENT
Hydrocortisone 0.5%, Neomycin 0.35% (as Sulfate) and Special Coal Tar Extract 5% (TARBONIS) in an ointment base.

ATOPIC DERMATITIS · ECZEMAS · SEBORRHEA · ANOGENITAL PRURITUS · DERMATITIS VENENATA · PSORIASIS

*
1. Clyman, S. G.: Postgrad. Med. *21*:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey *53*:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. *3*:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. *50*:837, 1954.
5. Bleiberg, J.: Am. Practitioner *8*:1404, 1957.

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Proposed Auxiliary Amendments . . .

Suggested Changes in Constitution and By-Laws of Woman's Auxiliary To Be Voted on at the 1958 Annual Meeting Next April in Cincinnati

A NUMBER of proposed amendments to the Constitution and By-Laws of the Woman's Auxiliary to the Ohio State Medical Association will be voted on at the annual meeting of the Auxiliary April 15-17, Cincinnati. They have been prepared by a Revisions Committee and have been approved by the Board of Directors of the Auxiliary. The proposals are as follows, with the existing provisions presented first and the proposed changes following, in **blackface type**.

CONSTITUTION

ARTICLE 5

House of Delegates

The House of Delegates shall be the legislative body of this Auxiliary and shall consist of delegates elected by the component auxiliaries and the officers enumerated in Article 6.

Amend by adding the following sentence: "Past Presidents of the Woman's Auxiliary to the Ohio State Medical Association shall be considered members of the House of Delegates with all privileges except the right to vote."

ARTICLE 8

Fiscal and Membership Year

The fiscal and membership year of this Auxiliary shall be from January 1 to December 31. With respect to the terms of officers and committee members, the period from one annual meeting until the next shall be regarded as "one year."

Amend by striking out this article and substituting the following:

Membership Year

"The membership year of this Auxiliary shall be from January 1 to December 31. The term of office of all officers and committee members 'unless otherwise herein provided' shall be from one annual meeting until the next and this period shall be regarded as one year."

BY-LAWS

CHAPTER 1

Membership

Section 1. Eligibility. Wives, mothers, unmarried daughters and unmarried sisters of members in good standing of a component society of the Ohio State Medical Association and widows of members, who at the time of their decease were in good standing, shall be considered eligible for membership in this Auxiliary.

Section 2. Affiliation. A woman desiring to be a member of this Auxiliary must possess one of the qualifications enumerated in the preceding section and must first become a member of the component auxiliary of the county of her residence, if there is a component auxiliary in that county. A component auxiliary shall judge the qualifications of its members.

Section 3. Members-At-Large. A woman eligible for membership, residing in a county in which there is no organized auxiliary, may become a member-at-large of this auxiliary providing her request to become a member-at-large has the approval of the member of the Board of Directors of her district and she pays her state and national dues.

A member-at-large may be a delegate to the National Auxiliary, providing her husband is an active member of the American Medical Association.

Section 4. Disability. A woman qualified and eligible for membership in the Ohio State Medical Association shall not be eligible for membership in this Auxiliary. No one may be an active member of two component auxiliaries at the same time.

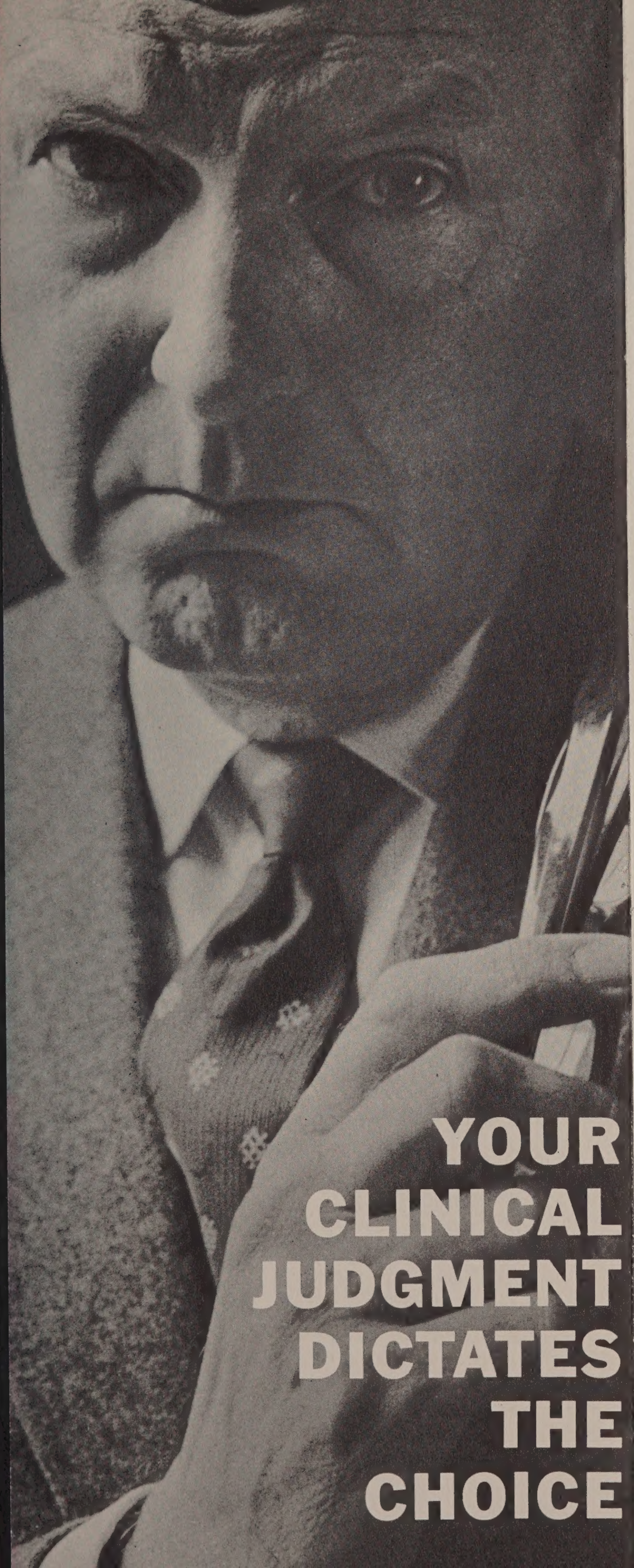
Section 5. Honorary Membership. Members of the Woman's Auxiliary to the Ohio State Medical Association who have rendered long and signal service may be eligible to become Honorary Members by action of the House of Delegates upon recommendation of the Board of Directors. An Honorary Member shall enjoy all the privileges of Active Membership without payment of state dues. The State Auxiliary shall pay the dues of such members to the National Auxiliary.

Amend by striking out this entire Chapter and substituting the following:

CHAPTER 1

Membership

"Section 1. Active Members. Wives of members in good standing of a component society of


YOUR
CLINICAL
JUDGMENT
DICTATES
THE
CHOICE

in common mixed infections
...tetracycline phosphate alone

PANMYCIN* Phosphate

for children:

PANMYCIN KM Syrup

TRADEMARK

BROAD-SPECTRUM TETRACYCLINE IN ITS MOST EFFICIENT FORM

Produces more tetracycline in the blood with no more in the dose. No calcium to depress blood levels.[1] Basic broad-spectrum therapy in bronchitis, pharyngitis, otitis media, tonsillitis, and other common respiratory infections.

[1] Welch, H.; Wright, W. W.; and Staffa, A. W.: Antibiotic Med. & Clin. Therapy 4:620, 1957.

in potentially serious infections
...tetracycline phosphate plus novobiocin

PANALBA*

for children:

PANALBA KM Granules

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THE BREADTH OF PANMYCIN PHOSPHATE PLUS THE ANTIMICROCOCCAL DEPTH OF ALBAMYCIN†

Offers maximum antimicrobial action at the earliest possible moment. The antibiotic preparation of first resort in pneumonia of unknown etiology, carbuncles, multiple furunculosis, cellulitis, and infections resistant to previous therapy.

†TRADEMARK, REG. U. S. PAT. OFF. – THE UPJOHN BRAND OF CRYSTALLINE NOVOBIOCIN SODIUM

for the 7 monilia-susceptible types
...tetracycline phosphate plus nystatin

COMYCIN*

PANMYCIN PHOSPHATE PLUS THE ANTIMONILIAL PROTECTION OF NYSTATIN

The logical choice for patients requiring high doses of antibiotics or prolonged antibiotic therapy; for patients with previous monilial complications; for diabetics; patients on corticoids; the pregnant, debilitated, or elderly; and for infants, especially the premature.

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THE CHOICE OF A SYSTEMIC ANTIBIOTIC IS A MATTER OF CLINICAL JUDGMENT

1. PANMYCIN PHOSPHATE IN COMMON MIXED INFECTIONS

USUAL DOSAGE: ADULTS: 250 mg. every 6 hours or 500 mg. every 12 hours. CHILDREN: Approximately 8 mg. per pound of body weight daily, in four equally divided doses every 6 hours, or two equally divided doses every 12 hours.

SUPPLIED: CAPSULES: 250 mg. in bottles of 16 and 100; 125 mg. in bottles of 25 and 100.

PANMYCIN KM SYRUP: Each teaspoonful (5 cc.) contains tetracycline equivalent to 125 mg. tetracycline hydrochloride, and potassium metaphosphate, 100 mg., mint flavor, in 2 fluidounce and pint bottles.

2. PANALBA IN POTENTIALLY SERIOUS INFECTIONS

USUAL DOSAGE: ADULTS: 1 or 2 capsules three or four times a day, depending on the type and severity of the infection. CHILDREN: Proportionately less.

SUPPLIED: Each powder-blue-and-brown capsule contains Panmycin (tetracycline) Phosphate complex equivalent to 250 mg. tetracycline hydrochloride, and Albamycin (as novobiocin sodium) 125 mg.; in bottles of 16 and 100.

Also available: **PANALBA KM GRANULES** (Pediatric). When reconstituted, each 5 cc. teaspoonful contains Panmycin equivalent to tetracycline hydrochloride, 125 mg. and Albamycin (as novobiocin calcium) 62.5 mg., and potassium metaphosphate 100 mg.; in pleasantly flavored vehicle. Dosage is based upon amount of tetracycline—6 to 8 mg. per pound of body weight per day in 2 to 4 equally divided doses.

3. COMYCIN FOR THE 7 MONILIA-SUSCEPTIBLE TYPES

USUAL DOSAGE: ADULTS: 1 or 2 capsules every 6 hours. CHILDREN: Proportionately less.

SUPPLIED: Each brown-and-pink capsule contains tetracycline phosphate complex, equivalent to 250 mg. tetracycline hydrochloride; nystatin 250,000 units. In bottles of 16 and 100.

Upjohn

The Upjohn Company, Kalamazoo, Michigan

the Ohio State Medical Association and widows of members of that Association or of any other state medical society who, at the time of their decease were in good standing, shall be considered eligible for membership in this Auxiliary.

"A wife must first bcome a member of the component auxiliary of the county in which her husband holds membership, and a widow of the component auxiliary of the county of her residence. A component auxiliary shall judge the qualifications of its members.

"No one may be an active member of two component auxiliaries at the same time.

"A woman eligible for membership, residing in a county in which there is no organized auxiliary, may become a member-at-large of this Auxiliary providing her request to become a member has the approval of the Director of her district and she pays her state and national dues.

"Nothing in this section shall be construed as retroactive.

"Section 2. Honorary Members. Members of the Woman's Auxiliary to the Ohio State Medical Association who have rendered long and signal service may become Honorary members by action of the House of Delegates upon recommendation of the Board of Directors.

"An Honorary member shall enjoy all the privileges of active membership without payment of state dues. The State Auxiliary shall pay the dues of such members to the National Auxiliary."

CHAPTER 2

Component Auxiliaries

Section 4. Fiscal Year. The fiscal and membership year of a component auxiliary shall be from January 1 to December 31.

Amend by striking out this section and substituting the following:

"Section 4. Membership Year. The membership year of a component auxiliary shall be from January 1 to December 31."

CHAPTER 4

House of Delegates

Section 4. Committees. To expedite proceedings of the House of Delegates the President, with the approval of the Board of Directors, shall appoint not less than 90 days prior to the annual meeting from among members of the House of Delegates, the following committees: Committee on Credentials, Committee on Resolutions, Committee on Tellers and Judges of Election; and other committees considered necessary by the President.

Amend by changing "ninety (90) days" to "sixty (60) days."

Section 6. Resolutions. All resolutions shall be referred without debate to the Committee on Resolutions which shall analyze them and report them back to the House of Delegates with such recommendations as may be considered by the committee to be advisable.

Amend by striking out this section and substituting the following:

Section 6. Resolutions. All resolutions shall be referred without debate to the Committee on Resolutions no later than thirty (30) days before the annual meeting. This committee shall analyze them and report them back to the House of Delegates with such recommendations as may be considered by the committee to be advisable.

"At the first business session only, emergency resolutions may be presented from the floor if consent has been given by the Advisory Committee and by a two-thirds vote of the members present and voting in the House of Delegates."

CHAPTER 5

Nomination, Elections and Terms of Office

Section 4. Vacancies. Any vacancies in office occurring between the annual meetings shall be filled by the President by appointment with the approval of the Board of Directors, except in the case of the President. In case of death or resignation of the President, the first Vice-President shall automatically become President and the vacancy thus occurring shall be filled in the usual manner.

Amend by striking out this section and substituting the following:

"Section 4. Vacancies. Any vacancies in office occurring between annual meetings shall be filled by the President by appointment with the approval of the Board of Directors, except in the case of President or President-Elect. In case of the death or resignation of the President, the first Vice-President shall immediately become President. In case of the death or resignation of the President-Elect, the Nominating committee shall meet within six (6) weeks of the time of vacancy and a meeting of the House of Delegates called for the purpose of electing a President-Elect."

Part II of the American Board of Obstetrics and Gynecology, oral and clinical examinations will be conducted at the Edgewater Beach Hotel, Chicago, May 7-17.

Medical Board Examinations . . .

Licenses To Practice in This State Are Sought by 123 M. D.'s Who Take December Examinations; Limited Practitioners Also Seek Ohio Licenses

THE State Medical Board of Ohio examined 123 graduates of medical schools who are seeking licenses to practice medicine and surgery in Ohio, during its examinations given in Columbus December 17-19, Dr. H. M. Platter, secretary of the Board, reported. Of that number 27 were graduates of U. S. and Canadian Schools, and 96 were graduates of schools in foreign countries. The Board also examined 20 graduates of osteopathic schools who are seeking to practice osteopathic medicine and surgery in Ohio.

In the limited practice branches, examinations were given to the following number of persons: Chiropody, 2; mechanotherapy, 9; chiropractic, 43; massage, 28; and cosmetic therapy, 3.

Results of the examinations were scheduled to be announced following a meeting of the Board on January 28, too late to be announced in this issue.

Following are the examination questions given to doctors of medicine:

Anatomy

1. Describe the extrahepatic biliary system. How are the ducts related to surrounding structures? A labeled drawing may be used.
2. Give the origin and course of the blood vessels directly supplying the: (a) appendix, (b) thyroid, (c) gallbladder, (d) spleen, (e) ovary.
3. Draw a section through the mature ovary to show its general histological structure, and label all the characteristic cell types.
4. Describe briefly the temporomandibular joint. In what direction does the joint usually become dislocated? Name the more important muscles acting through this joint.
5. If the ulnar nerve is severed in the midforearm: (a) What muscles are paralyzed? (b) What joints are affected by the paralysis? (c) What position does each of the affected joints assume?
6. To what structures is the VII cranial nerve distributed? List results of destruction of this nerve at or near the stylomastoid foramen. Why is this part of the nerve especially liable to injury?
7. List the supporting structures of the uterus. How are they arranged to carry out this function?
8. Describe the blood supply of the stomach. A labeled drawing may be used.
9. What structures, if any, are found in: (a) posterior cranial fossa, (b) femoral canal, (c) anterior-superior mediastinum, (d) left subphrenic space, (e) space of Retzius.
10. What is the average weight of: (a) the brain, (b) the liver, (c) the spleen, (d) the heart, (e) the Gasserian (semi-lunar) ganglion.

Physiology

1. Name four conditions which bring about a physiological polycythemia. Name four pathological states which produce polycythemia. What effect does high barometric pressure have on the number of red cells?
2. Name six factors which influence the flow of blood in the veins.
3. Discuss briefly the nervous control of the heart. State Marey's law.
4. Define bronchiectasis. What is the causation of bronchiectasis? Give its symtomatology.
5. Name four important factors in the formation of gallstones.
6. Give the functions of the gall-bladder.
7. Describe the three stages of deglutition.
8. Name four important factors in the physiological heat loss of the body.
9. In planning a diet, what requirements must be taken into account? Give the proper proportions of the three food stuffs in the adult diet.
10. Differentiate between ocular and labyrinthine nystagmus.

Bacteriology

1. What causative micro-organisms might be recovered from ulcero-membranous lesions of the pharynx?
2. What micro-organisms would you particularly look for in a chronic draining sinus of a flank?
3. What is the usual test for pathogenicity of staphylococci?
4. List likely methods of transmission of serum hepatitis virus.
5. Briefly outline the important types of food poisoning.

Diagnosis

1. Differentiate of the leg: (a) Phlebothrombosis, (b) Thrombo phlebitis, (c) Thromboangitis obliterans.
2. Give the etiology and signs of Parkinsonian Syndrome.
3. Differentiate between rheumatoid arthritis and gout.
4. How may osteitis deformans of the bone be differentiated from metastatic carcinoma and senile osteoporosis of the bone?
5. Give the principal signs and symptoms of acute anterior poliomyelites.
6. Differentiate between cardio spasm and hiatus hernia of the diaphragm.
7. Enumerate the causes of hemoptysis.
8. Differentiate the scalenus anticus syndrome from intervertebral disk.
9. Differentiate herpes zoster from radiculitis.
10. Name and describe the four types of psychoneurosis.

Chemistry

1. Discuss the plasma proteins as to their (a) Nature, (b) Principal groups.
2. In a jaundiced patient suspect for biliary obstruction, what laboratory tests would you make and what would be the findings if an obstructive mechanism is present?
3. In a male patient, age 65, with urinary frequency and a known residual urine of 300 plus cc, what laboratory investigation would be indicated? Why?
4. (a) In a normal subject, the average range of concentration of serum potassium is? (Express in mEq. per liter or mg. per 100 cc.) (b) Renal losses of potassium are exaggerated in what condition? Give

at least two. (c) Express in mEq. the amount of potassium usually ingested daily in food.

5. Give in outline form the principal factors in the etiology of iron deficiency anemia.

Materia Medica and Therapeutics

1. (a) Define radioactive element.
   (b) Give three uses of these elements.
2. (a) What is the dose of tincture of belladonna? (b) What indications show that the pharmacologic effect has been obtained?
3. Describe two safe and efficient emetics for a child.
4. Contrast the cardiac effects of quinidine and digitalis in the treatment of auricular fibrillation.
5. How is the action of drugs modified by: (a) age, (b) sex, (c) idiosyncrasy, (d) habits.
6. Enumerate and give treatment of the four major typical patterns of epilepsy.
7. Give three drugs affecting blood coagulation and the mechanism of action of one.
8. Outline the treatment of diffuse obstructive emphysema.
9. Outline the treatment of rheumatoid arthritis.
10. Outline the treatment of staphylococcus resistant septicemia.

Practice

1. In what classification of diseases does influenza belong? (a) What is the etiology of influenza? (b) The incubation? (c) The course and complications? (d) The prophylaxis? (e) The treatment?
2. In what classification of diseases does measles (Morbilli, Rubeola) belong? (a) Give the etiology of measles. (b) Give three diagnostic features of this disease.
3. Osteomyelitis: (a) Definition? (b) Etiology? (c) Symptoms? (d) Treatment?
4. Name five symptoms of tabetic neurosyphilis (tabes dorsalis, locomotor ataxia).
5. Define allergic rhinitis (hay fever). (a) Describe the treatment.
6. What is scurvy? (a) Etiology? (b) Symptoms? (c) Treatment.
7. Give five subjective and objective findings in gout and/or gouty arthritis.
8. Give the modes of entry of infectious hepatitis. (a) Give the management of infectious hepatitis.
9. Give the symptoms and physical findings of empyema.
10. Relate the management of infectious mononucleosis.

Pathology

1. With regard to rheumatic fever: (a) What is commonly considered to be the cause? (b) What anatomic sites are apt to be attacked? (c) What are the common laboratory aids in diagnosis?
2. With regard to silicosis: (a) What factors are necessary for causation? (b) What is the nature of and the effect of the pulmonary lesions? (c) What complicating diseases or processes often occur in the lungs? Elsewhere?
3. What are the dangers and complications of: (a) Gastric ulcer? (b) Duodenal ulcer?
4. At what two periods of life does polycystic disease of the kidney usually become manifest and what are the usual manifestations in each instance?
5. What conditions might cause a scrotal mass at age 45?
6. What is meant by carcinoma in situ?
7. List the usual results of parathyroid adenoma.
8. What is the common primary malignant tumor of bone, and what are the common sites and age of occurrence and usual outcome?
9. With regard to poliomyelitis: (a) What is the basis for the permanent paralysis which may result? (b) What is the basis for the improvement which may come during convalescence?
10. What are the dangers incidental to exposure to carbon tetrachloride?

Surgery

1. Compare the open versus closed treatment of burns, indicating specifically: (a) indications for each. (b) advantages of each. (c) differences, if any, in parenteral fluid requirements, narcotics, antibiotics for each, and (d) results.
2. A woman, 40 years of age, has a 2-3 cm. mass in one of her breasts: (a) what further information would you need to make a clinical diagnosis? (b) list (do not discuss) differential diagnostic considerations.
3. Define paralytic ileus. Give three common causes, and outline treatment.
4. Give causes and differential diagnosis of chronically enlarged lymph nodes of the neck.
5. Discuss symptoms, differential diagnosis and treatment of cholelithiasis.
6. Describe treatment of simple fracture of both bones of the leg, lower 1/3.
7. Name the complications of gastric and duodenal ulcer. Discuss one from the standpoint of diagnosis and surgical management.
8. Discuss surgical management of traumatic rupture of the kidney.
9. Indicate your preference between surgery and irradiation in treatment of the following and state reasons why: (a) basal cell carcinoma of the external ear, (b) squamous cell carcinoma of the cheek, 0.5 cm. from the eye, (c) Keratinization of the dorsum of the hand with squamous cell carcinoma. (d) basal cell carcinoma of the nose, (c) pigmented mole on sole of the foot.
10. List four important principles in early management of acute head injuries.

Obstetrics and Gynecology

1. A woman, aged 35 years, has had irregular bleeding for two weeks. There is a moderate fever and the leukocyte count is 15,000. Examination reveals a fluctuant, tender mass in the cul-de-sac. Name the two chief diagnostic possibilities and differentiate between them.
2. How should a post-partem hemorrhage be treated?
3. What conditions must be fulfilled before you may apply forceps?
4. Differentiate between appendicitis and right tubal pregnancy.
5. Outline proper procedures for handling a transverse presentation of the foetus.
6. Discuss the etiology, pathology and treatment of non-gonococcal cervical leukorrhea.
7. What are the dangers to mother and fetus involved in the use of pituitrin in (a) the first stage of labor? (b) the second stage of labor?
8. Discuss the diagnosis and treatment of pelvic endometriosis.
9. Give the diagnosis and treatment of dermoid cyst of the ovary.
10. How should eversion of the uterus be treated?

Specialties

1. Name five conditions which may cause wheezing in a two-year old child.
2. Outline the differential diagnosis between acute congestive glaucoma and acute irdocyclitis.
3. Outline the treatment of acute anuria.
4. Compare psoriasis vulgaris and lupus erythematosus as to similarities and differences: (a) clinically, (b) As to the effects of trauma, weather and ultraviolet rays.
5. State the possible complications as related to the eighth cranial nerve from the use of streptomycin and dihydrostreptomycin. (a) State the portion of

the eighth cranial nerve which is more apt to be affected from toxicity due to streptomycin. (b) State the portion of the eighth cranial nerve which is more apt to be affected from toxicity due to dihydrostreptomycin. (c) What determinations should be made prior to and during therapy with streptomycin or dihydrostreptomycin.

Preventive Medicine & Hygiene

1. How may a room recently occupied by a patient with scarlet fever be made safe for subsequent occupancy?
2. Define: (a) passive immunity, (b) toxin, (c) virus, (d) vaccine, (e) antigen.
3. Name four deficiency diseases and outline the methods of prevention of one of them.
4. Discuss the etiology, diagnosis and method of control of septic sore throat.
5. Give characteristics by which clostridium tetani is identified.

* * *

Licensed Through Endorsement by State Medical Board

The State Medical Board of Ohio has issued licenses to practice medicine and surgery in the State to the following physicians through endorsement of their licenses to practice in other states, or certification by the National Board of Medical Examiners (included are intended residence and medical school of graduation):

December 18—L. John De Albuquerque, Cambridge, Univ. of Brazil; Edwin F. Aune, Gallipolis, Long Island College; Laurence H. Ballou, Akron, Univ. of Vermont; Norman R. Benner, Springfield, Jefferson Medical College; Daniel G. Bernoske, Tiffin, Indiana University;

Elmond L. Coffield, Medical College of Virginia; Olan T. Coffield, Univ. of Louisville; Melvin D. Cook, Akron, Univ. of Nebraska; Thomas V. Craig, Columbus, Indiana University; James H. Crawford, Columbus, Univ. of Minnesota; George Dimza, Univ. of Latvia; Paul F. Doege, Springfield, Harvard Medical School; William L. Driskill, Jr., Columbus, Medical College of Virginia;

Humberto C. Gonzalez, Youngstown, Stanford Univ.; Lewis J. Graham, Bellevue, Univ. of Rochester; Thomas C. Hadley, Toledo, Tufts University; Nancy H. Hinkle, Cincinnati, Univ. of Louisville; Samuel J. Hunter, Bellaire, Yale University; John A. Hyland, Youngstown, St. Louis University; Robert J. Kaufmann, Univ. of Illinois;

Robert J. Lancaster, Cleveland, St. Louis University; Tung K. Lin, Cleveland, Nat. Central University, Nanking, China; George N. Lipsky, Cleveland, State Univ. of Dnepropetrovsk, Ukraine, USSR.; Robert C. Long, Cleveland, Univ. of Kansas; Anthony S. Lupica, Tiffin, St. Louis Univ.;

Henry E. Maki, Bowling Green, Univ. of Michigan; Bohdan T. Nedilsky, Lima, Univ. of Prague, Czech.; John J. Ockuly, Toledo, Univ. of Louisville; Louis R. Putnam, Cincinnati, Columbia University; Kenneth F. Rupp, Creighton University; Franz B. Ruwe, Toledo, Univ. of Goettingen, Germany;

Robert K. Saylor, Cleveland, Univ. of Kansas; Mary A. Schmidt, Columbus, Univ. of Minnesota; Raymond L. Sheets, Jr., Columbus, Hahnemann Medical College; Reginald W. Shelby, Warren, Meharry Medical College; Ollie E. Southard, Columbus, Univ. of Pittsburgh; Judson D. Speer, Columbus, Albany Medical College; Jerome J. Stanislaw, Youngstown, St. Louis University; Joanna Sym, Cleveland, Univ. of Freiburg, Germany;

Lee H. Trachtenberg, Elyria, Univ. of Illinois; John J. Turner, Youngstown, Harvard Medical School; Peter Volodkevich, Elyria, Military Medical Academy of Leningrad, USSR; John R. Whitaker, Jr., Dayton, Univ. of Pennsylvania.

Several Physicians Named on Board And Advisory Committee of Mental Health Group

The newly organized Mental Health Federation, Inc., has announced a roster of its officers, trustees and members of the professional advisory committee. Included on the roster are two physicians on the board of trustees and six physicians on the professional advisory committee.

The Honorable Charles Sawyer, Cincinnati, president of the organization, announced that the National Association for Mental Health at its meeting in Atlantic City, November 23, voted to make Mental Health Federation the Ohio Division of the National Association for Mental Health. Headquarters office of the federation is 2111 Union Central Building, Cincinnati 2.

Officers in addition to the president are: John V. Fels, Cleveland, vice-president; Mrs. Fred Lazarus, Jr., Cincinnati, vice-president; Robert Nekervis, Columbus, treasurer, and Mrs. George McCandless, Hamilton, secretary.

Members of the Board of Trustees are: Mrs. Howard Bevis, Columbus; Neale Bogner, Oxford; James Chapmen, Cleveland; Honorable Stephen C. Colopy, Akron; Rev. John F. Duffy, Jr., Akron; Mrs. Ethel Fridline, Canton; William Gillie, Columbus; Mrs. Robert N. Gorman, Cincinnati; Mrs. Robert Hays, Shaker Heights; Anthony Poss, Lakewood; Russel G. Saxby, Columbus; Dr. John J. Schwab, Gallipolis, and Dr. Richard E. Wolf, Cincinnati.

Members of the Professional Advisory Committee are: Dr. Douglas Bond, Cleveland; Dr. Howard D. Fabing, Cincinnati; Dr. Charles E. Holzer, Gallipolis; Dr. Maurice Levine, Cincinnati; Dr. John A. MacLeod, Cincinnati; and Dr. Ralph Patterson, Columbus.

In Memoriam . . .

Harry V. Paryzek, M. D., Cleveland; Past-President of the Ohio State Medical Association, an outstanding physician and leader in medical organization work for many years, died on January 20 at the age of 66. Dr. Paryzek was a graduate of Western Reserve University School of Medicine, 1915, a member of the Ohio State Medical Association and the American Medical Association; a diplomate of the American Board of Internal Medicine; Fellow of the American College of Physicians.

Dr. Paryzek

A native of Cleveland, Dr. Paryzek took intern and residency training at Lakeside Hospital and entered military service in 1917, serving overseas for two years as captain in War Base Hospital Unit No. 4 (Lakeside Unit) and Mobile Hospital Unit No. 5. Returning to Cleveland after his service overseas, Dr. Paryzek entered private practice and was distinguished by being named director of Medicine at St. Alexis Hospital and chief of staff.

His interest in organization work was recognized early when he was elected to the Board of Directors of the Academy of Medicine of Cleveland in 1924, a responsibility he held until 1938. In 1933 he served as President of the Academy. His first office on the state level was that of chairman and secretary of the OSMA Section on Medicine. In 1932 he was elected a member of The Council of the State Association, representing the Fifth District. He declined re-election after two years for health reasons, but in the Fall of 1937 returned to fill the unexpired term of Dr. A. A. Jenkins, upon the latter's death. In 1938 he accepted appointment to the special Coordinating Committee authorized by The Council to engage in a comprehensive study of the distribution of medical services in the state.

The high honor of being named President-Elect of the State Association came in 1940, after which he served as President for the 1941-1942 term of office. His service to the State Association continued when he was named chairman of the OSMA Committee on Chronic Illness, a post he held at the time of his death.

His record shows that he served in some 40 positions of responsibility as officer or committeeman and that his interests were in civic as well as professional activities. Gardening was one of his hobbies together with an active participation in several local gardening clubs.

Surviving are his widow, two daughters and several grandchildren.

Jacob P. Allen, M. D., Williamsburg; Cincinnati College of Medicine and Surgery, 1894; aged 86; died December 19; former member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award. Dr. Allen had been a practicing physician in Clermont County since the turn of the century and participated in numerous community activities. He was a member of the Methodist Church and the Masonic Lodge, Surviving are his widow and two sons.

Nathaniel J. Broughton, M. D., Lorain; Meharry Medical College, Nashville, 1905; aged 79; died December 28. Dr. Broughton practiced medicine in Birmingham, Ala., until 1949 when he retired and moved to Lorain. Surviving are his widow and two daughters.

Harold H. Brueckner, M. D., recently of Canton; University of Michigan Medical School, 1932; aged 50; died December 8; member of the Ohio State Medical Association, the American Medical Association, the American College of Chest Physicians and the American Trudeau Society. For 11 years Dr. Brueckner was superintendent of the Molly Stark Hospital in Canton. He resigned November 1 because of ill health and moved his family to Ann Arbor. Surviving are his widow, two sons and two daughters.

Rice Kemper Evans, M. D., Dayton; Miami Medical College, Cincinnati, 1902; aged 78; died November 29; former member of the Ohio State Medical Association. A native of Dayton, Dr. Evans began his practice in Franklin. He spent 20 years in England in the American consular service before he moved to Dayton in 1930 and became associated with the Master Electric Company. Survivors include a son and two daughters.

Francis F. Field, M. D., Marion; Starling Medical College, Columbus, 1898; aged 82; died December 11. Dr. Field practiced in the Meeker community from 1915 to 1936 when he retired and moved to Marion. Survivors include his widow, two sons, a daughter and a sister.

Louis H. Frechtling, M. D., Hamilton; University of Illinois College of Medicine, 1903; aged 77; died December 10; former member of the Ohio State Medical Association. Dr. Frechtling was in private practice in Hamilton from 1906 until 1919. In the latter year he became director of the Champion Paper and Fibre Company's medical department. He was active in numerous community affairs both professional and civic. Activities included participation in such projects as the YMCA, Community Chest, local Board of Education, and many others. He was a member of several Masonic bodies. Survivors include his widow, a daughter, two sons and three sisters.

Mildred White Gardiner, M. D., Middletown; Ohio State University College of Medicine, 1925; aged 65; died December 21; member of the Ohio State Medical Association, the American Medical Association and the American Society of Anesthesiologists. Dr. Gardiner went to medical school and obtained her degree after her husband died leaving her with two children. She had been a practicing physician in Middletown for about 25 years. Surviving are her son, Dr. Alfred Gardiner, Cincinnati, a daughter and two sisters.

Charles E. Geiser, M. D., Cincinnati; Pulte Medical College, Cincinnati, 1901; aged 79; died December 10. Dr. Geiser had been a parcticing physician in Cincinnati for more than a half century. Affiliations included membership in the Masonic Lodge. Surviving are his widow, a son and a daughter.

Jerome Giuseffi, Jr., M. D., Cincinnati; University of Cincinnati College of Medicine, 1942; aged 39; died January 2; member of the Ohio State Medical Association and the American Medical Association; diplomate of the American Board of Surgery; member of the Central Surgical Society and the Cincinnati Surgical Society. Dr. Giuseffi, after completing his internship, served three years in the Navy Medical Corps. Since the war he had been a practicing physician and assistant professor of surgery at the University of Cincinnati College of Medicine. He was one of the founders of the Blood Vessel Bank at General Hospital. Survivors include his widow, four sons, his parents and two sisters.

William T. Haire, M. D., Cleveland; Vanderbilt University School of Medicine, 1925; aged 58; died December 9; member of the Ohio State Medical Association and the American Medical Association. Dr. Haire had been a practicing physician for many years in Cleveland. During World War II he served in the Army Medical Corps with the rank of major. Affiliations included memberships in the Elks Lodge and Phi Delta Theta. Surviving are his widow, a son, a brother and a sister.

Fred B. Harrington, M. D., Steubenville; University of Buffalo School of Medicine, 1914; aged 69; died December 24; member of the Ohio State Medical Association, the American Medical Association and the Industrial Medical Association. A veteran of World War I, Dr. Harrington became chief surgeon for the Weirton Steel Company in 1919 and remained in that capacity until 1936, after which he continued with the firm on a part-time basis. He was a resident of Steubenville for 21 years. Active in professional and civic organizations, he was a member of the Elks Club and several Masonic bodies. Surviving are his widow, a son, two daughters and three sisters.

Fred H. J. Heyse, M. D., Cleveland; medical degree from the Hessische Ludwigs University, Germany, 1922; aged 62; died December 31; former member of the Ohio State Medical Association. A native of Germany, Dr. Heyse came to this country shortly after World War I. He was a practicing physician in the West Side of Cleveland for 29 years. Survivors include his widow and two sons, one of whom is Dr. Walter E. Heyse, a resident at University Hospitals in Cleveland.

Paul J. Lee, M. D., Lucas; University of Louisville School of Medicine, 1933; aged 52; died December 22; member of the Ohio State Medical Association and the American Medical Association. Dr. Lee had been a practicing physician in Lucas for approximately 20 years. He was a veteran of World War II having gone into service with a National Guard unit in 1941. Activities included service on the Richland County Health Department, the local school board and the Board of Public Affairs in Lucas. Surviving are his widow, a daughter, a foster son and a brother.

John LoCricchio, M. D., Youngstown; University of Michigan Medical School, 1931; aged 53; died December 28; member of the Ohio State Medical Association, the American Medical Association, and the American Society of Clinical Pathologists; diplomate of the American Board of Pathology. Dr. LoCricchio had been pathologist at St. Elizabeth Hospital since 1950. Earlier he had been director of laboratories at St. Rita's and Memorial Hospitals in Lima. In the interim he practiced for a short time in Sharon, Pa., and Bridgeport, Conn., before he returned to Ohio. He was a member of the Presbyterian Church and the Masonic Lodge. Surviving are his widow, a son, two daughters, a brother and two sisters.

Joseph E. McClelland, M. D., Cleveland; Western Reserve University School of Medicine, 1912; aged 70; died December 17; member of the

Ohio State Medical Association, American Medical Association, American Academy of Pediatrics and diplomate of the American Board of Pediatrics. Dr. McClelland began private practice in Cleveland after serving in the Army Medical Corps during World War I. He was for many years associate clinical professor of pediatrics at Western Reserve and recently was named emeritus professor. Affiliations included memberships in the Medical Arts Club and the Pasteur Club of Cleveland. Survivors include his widow and two sons, Dr. Charles Q. and Dr. J. Gibson McClelland, both of Cleveland; also a sister and a brother.

Howard D. McIntyre, M. D., Cincinnati; Ohio State University College of Medicine, 1920; aged 65; died December 22; member of the Ohio State Medical Association, the American Medical Association, the American Psychiatric Association, the Central Neuropsychiatric Association; diplomate of the American Board of Psychiatry and Neurology; past-president of the Cincinnati Society of Neurology and Psychiatry. Dr. McIntyre was a practicing physician for many years in Cincinnati and clinical professor of neurology at the University of Cincinnati. He also served as consultant to several railroads. In addition to his professional affiliations, he was a member of the Cincinnati Country Club, the Queen City Club, the University Club and the Literary Club. Surviving are his widow, Dr. Aurelia P. McIntyre, three daughters and two sons, one of whom is Dr. Clifford McIntyre, of Ft. Lauderdale, Fla.

Daniel E. Miller, M. D., Dayton; Miami Medical College, Cincinnati, 1899; aged 90; died December 9; former member of the Ohio State Medical Association. Dr. Miller served all of his professional career of more than a half century in Dayton. He was a member of Sigma Chi and several Masonic bodies.

Samuel C. Nieman, M. D., Los Angeles, Calif.; Medical College of Ohio, Cincinnati, 1901. Dr. Nieman practiced in Cincinnati from 1908 to 1915.

Richard A. Niple, M. D., Portsmouth; Ohio State University College of Medicine, 1936; aged 47; died December 27; former member of the Ohio State Medical Association. Dr. Niple had been serving for two years on the staff of Portsmouth Receiving Hospital. He formerly practiced in Flushing and St. Clairsville. A veteran of World War II, he participated in the D-Day invasion as a member of the Army Medical Corps. His parents and a brother survive.

William H. Rheinfrank, M. D., Perrysburg; University of Michigan Medical School, 1894;

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aged 86; died December 11; member of the Ohio State Medical Association and the American Medical Association through 1956; Fellow of the American College of Surgeons. A native of Perrysburg, Dr. Rheinfrank served all of his professional career there, where he was formerly associated with his father, the late Dr. J. H. Rheinfrank. His practice included operation of the Rheinfrank Hospital in Perrysburg. Dr. Rheinfrank was a member of the Masonic Lodge and the Presbyterian Church. Surviving are his widow; his son-in-law and daughter, Dr. and Mrs. Norman Foley, of Toledo; and a brother.

Frieda E. Weiss Robertson, M. D., Cleveland; Cleveland-Pulte Medical College, 1903; aged 80; died December 23. A native of Germany, Dr. Robertson came to this country in 1903. She practiced in Cleveland until her retirement about 10 years ago. Her husband, Albert Robertson, died in 1942. A foster daughter survives.

William J. Rogers, M. D., Cleveland; Western Reserve University School of Medicine, 1914; aged 69; died December 22; member of the Ohio State Medical Association. Dr. Rogers had been a practicing physician in Cleveland, principally on the West Side for some 40 years. He is survived by his widow and a son.

Horace G. Stewart, M. D., Cincinnati; Johns Hopkins University School of Medicine, 1918; aged 68; died December 24; member of the Ohio State Medical Association and the American Medical Association. Dr. Stewart had been a practicing physician in Cincinnati since 1923. His pediatric practice was unique in that he never maintained an office. A bachelor, he is survived by a brother and two sisters.

Samuel Philip Studybaker, M. D., Columbus; Hahnemann Medical College and Hospital of Philadelphia, 1947; aged 35; died December 20 in an automobile accident; member of the Ohio State Medical Association and the American Medical Association. After serving as captain in the Air Force during 1951 and 1952, Dr. Studybaker went into practice in his home town of Miamisburg. He had been a resident in anesthesiology at University Hospital since July. Survivors include his widow, a son, a daughter and his parents.

Rabies Conference

Ohio is included in the area comprising the Great Lakes Regional Rabies Conference to be held at the LaSalle Hotel, Chicago, February 19-20. Physicians, veterinarians and public health officials are on the program. Details may be obtained from 13 N. Wells St., Room 802, Chicago 6.

Do You Know? . . .

Dr. J. Howard Holmes, Toledo, has been reappointed by Governor C. William O'Neill, to the Ohio Public Health Council for a term ending June 30, 1964.

* * *

A jury awarded two polio victims and their parents $147,300 from Cutter Laboratories on the grounds that the children contracted the disease after receiving polio vaccine manufactured by the firm. The plaintiffs had asked $360,000. Thirty-one other suits asking ten million dollars damages have been filed against Cutter.

* * *

Dr. Harry H. Botts, retiring manager of the Veterans Administration Hospital, Chilicothe, and Mrs. Botts were honored when 194 persons gathered for dinner at the local Elks Hall. In government service for more than 35 years, Dr. Botts was active in local civic affairs. The couple will make their home in Florida.

* * *

Dr. Roy Hertz, former Clevelander, and now chief of endocrinology, National Cancer Institute, Bethesda, Md., was presented the Anne Frankel Rosenthal Memorial Award at the recent meeting of the American Association for the Advancement of Cancer.

* * *

Dr. Leonard L. Lovshin, a member of the staff of the Department of Internal Medicine at the Cleveland Clinic, addressed the Ft. Steuben Academy of Medicine following a dinner at the Ft. Steuben Hotel at Steubenville, December 9.

* * *

Dr. John F. Meuller, Cincinnati, assistant professor of medicine at the University of Cincinnati, has been elected president of the Midwestern Section of the American Federation of Clinical Research.

To See Medicolegal Film

The AMA Law Department announces that "traumatic neurosis" will be the subject of the third film in the series of six medicolegal films to be produced in cooperation with the Wm. S. Merrell Company of Cincinnati. The film will delve into some of the problems that face psychiatrists and neurologists in identifying patients' psychoses resulting from various traumatic experiences. Physicians will have an opportunity to see the premiere showing of this film at the AMA's Annual Meeting in June in San Francisco.

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1. Axelrod, A. E.; Beaton, J. R.; Cannon, P. R., and others: Symposium on Protein Metabolism, New York, The National Vitamin Foundation, Incorporated, (March) 1954, p. 100.
2. Proceedings of a Conference on the Clinical Use of Anabolic Agents, Chicago, Illinois, G. D. Searle & Co., April 9, 1956, pp. 32-35.

SEARLE

Ohio State Heart Association Schedules Program in Cincinnati, April 14

A panel discussion on Arteriosclerosis will be featured at the annual meeting of the Ohio State Heart Association, on Monday, April 14, the week of the Annual Meeting of the Ohio State Medical Association, at the Sheraton-Gibson Hotel in Cincinnati, Dr. John W. Martin, Cleveland, program chairman of the OSHA, has announced.

This scientific session, to which all physicians are invited, will be moderated by Dr. Irvine H. Page, of the Cleveland Clinic. Other participants will be Dr. Edgar V. Allen, Mayo Clinic, Rochester, Minn., Dr. Jules Hirsch, Rockefeller Institute, New York City, Dr. Johnson McGuire, Cardiac Laboratory, University of Cincinnati, and Frederick J. Stare, Ph. D., Department of Nutrition, Harvard University.

The session will run from 2:00 p. m. to 4:30 p. m. Questions on any aspect of Arteriosclerosis, which a physician may wish discussed by the panel, are solicited and should be addressed in advance of the meeting to the Ohio State Heart Association, 131 E. State St., Columbus 15, Ohio.

A Community Health Session on research will run concurrently with the scientific session for physicians.

New Members of OSMA

The following are the names of the new members of The Ohio State Medical Association since December 1, 1957. The list shows the County in which they are affiliated, city in which they are practicing, or temporary address in cases where physicians are taking postgraduate work.

Cuyahoga County

Jack H. Berman, Cleveland
Esque Crawford, Cleveland
Milton D. Klein, Cleveland
Grace E. Lindsay, Cleveland
Bruce R. Marshall, Cleveland
Williams V. Martinez, Cleveland
Francesco Paino, Cleveland
Daniel E. Platt, Cleveland
Paul R. Pollack, Cleveland
Edward C. Ryan, Cleveland

Jefferson County

Jack M. Grant, Wintersville
Elver D. Lee, Steubenville
Jonathan Yobaggy, Steubenville

Medina County

Hilaire Gaudreault, Brunswick
Myrl A. Nafziger, Wadsworth
Vincent T. Wrobel, Brunswick

Montgomery County

George E. Baujan, Dayton
William O. Cass, Dayton
Stuart M. Denmark, Dayton
Richard M. Haskins, Dayton
Owen Hughes, Dayton
Michael M. Jaller, Dayton
Frederic Maccabe, Jr., Dayton
Joseph R. McWhirt, Dayton
John L. Pruzzo, Dayton
John M. Roll, Dayton
Kent K. Scholl, Dayton
Richard A. Serbin, Dayton
Phillip D. Sloan, Dayton
John R. Strawsburg, Dayton
Gerard A. Weigel, Dayton
John D. Welsh, Miamisburg
Robert A. Wickham, Vandalia
Coleman B. Witt, Dayton

Dr. J. Martin Byers, of Greenfield, has been advanced to the rank of lieutenant colonel (reserve) in the 37th Infantry Division, Ohio National Guard.

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Riseman, J. E. F., Altman, G. E., and Koretsky, S.:
Nitroglycerin and Other Nitrites in the Treatment of
Angina Pectoris, Circulation (Jan.) 1958.

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Activities of County Societies . . .

First District

(COUNCILOR: FRANK H. MAYFIELD, M. D., CINCINNATI)

CLERMONT

Dr. Richard Carr, Williamsburg, was elected president of the Clermont County Medical Society at a meeting held on December 4 at the D-X Ranch. Also elected were Dr. C. F. Barber, of Felicity, as vice-president; and Dr. Harry M. Breuer, of New Richmond, as secretary and treasurer.

The Clermont Medical Society currently has 22 members.

Dr. Carr succeeds Dr. Charles M. Simmons, of Bethel, as president.—*Clermont Sun.*

The January 15 meeting of the Society was held at the Millcroft Inn, Milford, with Dr. James MacMillan as host. Speaker was Dr. Sanford Courter, Cincinnati, who discussed cardiac irregularities.

CLINTON

The 1958 officers of the Clinton County Medical Society are the following: President, Dr. Roy D. Goodwin; vice-president, Dr. Robert M. Cronebaugh; secretary-treasurer, Dr. H. Richard Bath. Dr. E. K. Yantes was elected delegate and Dr. R. R. Buchanan, alternate.

"By a vote of 22 to 1, the Clinton County Medical Society disapproved the inclusion of physicians under the Social Security Act at their meeting January 7.

"Dr. Frank Mayfield visited and gave a talk on 'Association of Physicians.' Dr. Ellis of Xenia talked on 'Group Practice'."—Edmond K. Yantes, M. D.

HAMILTON

"The Rational Handling of Diabetes," was the topic for the January 21 meeting of the Academy of Medicine of Cincinnati. The speaker was Dr. Rachmiel Levine, chairman of the Department of Medicine and director of the Department of Metabolic and Endocrine Research, Michael Reese Hospital, and professorial lecturer, Department of Physiology, University of Chicago.

The Cincinnati Surgical Society met on January 8 in the Queen City Club and heard a discussion by Dr. Lester R. Dragstedt, professor of surgery, University of Chicago, whose subject was "A New Concept of the Pathogenesis of Gastric and Duodenal Ulcers."

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CHAMPAIGN

The annual Christmas dinner and party of the Champaign County Medical Society was held at the Urbana Country Club Wednesday evening, December 11.

After dinner Dr. John Towle acted as master of ceremonies for the evening program.

Dr. T. E. Richards, Dr. J. R. Polsley, Dr. William Pudvan and Dr. J. K. Pond gave a skit entitled, "This Is Your Life, Dr. Forrest Lowry."

A gift exchange was held following the program.—*Urbana Citizen.*

MIAMI

"Prolonged Labor and Its Management," was the subject discussed by Dr. Harry E. Ezell, Columbus, who is on the obstetric and gynecologic staff at University Hospital. The meeting was held at the Dettmer Hospital, Troy, followed by dinner.—*MCMS Bulletin.*

Third District

(COUNCILOR: JAMES R. JARVIS, M. D., VAN WERT)

ALLEN

The annual dinner dance of the Academy of Medicine of Lima and Allen County was given on December 10 at the Shawnee Country Club. The better part of a page in the *Lima Citizen* was devoted to reports and pictures of the event. Among guests were Dr. James R. Jarvis, Van Wert, Councilor of the Third District, and Mrs. Jarvis.

CRAWFORD

Members of the Crawford County Medical Society and of the North Central Ohio Academy of General Practice, along with the Auxiliary to the Crawford County Medical Society, enjoyed a joint meeting and dinner at the Galion Country Club December 13. Approximately 60 members were in attendance.

Dr. Charles J. Griebling, retiring president of the County Society, presided and introduced Dr. Merit Marshall, Academy president, who in turn presented the guest speaker, Dr. J. A. Whieldon. The topic "Morals and Psychiatry," was given in an interesting manner by Dr. Whieldon, who is professor at Ohio State University Medical School.

New officers elected to head the North Central Ohio Academy for the coming year were president, Dr. D. D. Dibler, Bucyrus; president-elect, Dr. Griebling; secretary-treasurer, Dr. Malcolm E.

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Switzer; and member of the executive committee, Dr. Robert Gray, Prospect.

Heading the Crawford County Medical Society will be Dr. T. D. Sawyer, president, Dr. H. M. Brooks, vice-president, and Dr. R. D. Myers, secretary-treasurer, all of Crestline. Delegate and alternate to the state convention will be Dr. Carl Ide of Bucyrus and Dr. B. M. Mansfield, Galion. Dr. E. C. Brandt, Crestline, was elected to the board of censors.

Mrs. Martin Horowitz, unable to be present because of illness, is president of the County Medical Auxiliary.

Arrangements for the evening were made by Dr. and Mrs. C. J. Griebling and Dr. Martin M. Horowitz.—*Galion Inquirer.*

HANCOCK

Members of the Hancock County Medical Association entertained their wives at a dinner and dance December 17 at the Findlay Country Club.

Speaker for the dinner was Dr. Allan C. Barnes, head of the department of obstetrics and gynecology at Western Reserve, who spoke on Diagnosis of Retrospect." Dr. R. Grant Janes, president of the Association, presided at the dinner and welcomed the 40 couples in attendance. Dr. Marion F. Detrick Jr. introduced the speaker. Dr. M. W. Feigert was program chairman.

During a business session Dr. F. M. Wiseley was elected president of the society. Dr. W. E. Brown was elected vice-president; Dr. B. H. Saunders was re-elected secretary-treasurer. Dr. Lena S. Enright was elected to the credentials committee and Dr. H. K. Treece, Arlington, was elected delegate to the Ohio State Medical Association Convention.

Music for dancing was provided by the Lamp Lighters. A yuletide theme was used in the decorations.—*Findlay Republican Courier.*

LOGAN

Dr. Frederick Kaylor, Bellefontaine, was chosen president of the Logan County Medical Society succeeding Dr. Charles Thompson, West Mansfield, at the group's December dinner meeting at Mary Rutan Hospital.

Dr. Paul Hooley, DeGraff, was re-elected vice-president and Dr. Charles Browning, Bellefontaine, was re-elected secretary-treasurer.

Drs. W. E. Yingling and G. A. Edwards, of Lima, discussed infections of the middle-ear, their complications and treatment.—*Bellefontaine Examiner.*

SENECA

Dr. Harry C. Ulicny, Fostoria, was elected president of the Seneca County Medical Society, succeeding Dr. Leonard Gaydos. Tiffin, at a

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dinner meeting of the organization at the Shawhan hotel, Fostoria, in December.

Dr. Thomas Watking, Tiffin, is vice-president, and Dr. Emmet Sheeran, Fostoria, is secretary-treasurer.

Dr. Olgierd Garlo and Dr. O. G. Burkart, Jr., became members of the society. Dr. Gaydos presided at the meeting.—*Fostoria Review Times.*

Fourth District

(COUNCILOR: PAUL E. ORR, M. D., PERRYSBURG)

LUCAS

The January schedule of the Academy of Medicine of Toledo and Lucas County included the following features:

January 10—General Practice Section: "Plastic Surgery," an afternoon and evening postgraduate course with papers presented by Dr. John C. Kelleher, Dr. Henry McWhorter and Dr. James Sullivan.

January 15—56th Annual Meeting of the Academy, Commodore Perry Hotel. Included on the program were a social hour, banquet and evening program. Guest speaker was Oliver C. Schroeder, Jr., director of the Law-Medicine Center, Western Reserve University School of Law.

January 24—Surgical Section: "The Diagnosis and Treatment of Acquired and Congenital Heart Disease," Dr. Earle B. Kay and Dr. Henry A. Zimmerman, Cleveland.

A coming event in Toledo is the Inter-Hospital Postgraduate Lecture Series sponsored by the Medical Advancement Trust of Maumee Valley Hospital and the Northwestern Ohio Heart Association on Thursday and Friday, February 13 and 14. Speaker for the occasion will be Dr. E. M. Papper, director of the anesthesiology service, Presbyterian Hospital, New York City. The theme of the series will be "Physio-Pathology of the Cardio-Respiratory Systems."

OTTAWA

Dr. Cyrus Wood was elected president, Dr. Gordon Ley, vice-president and Dr. Robert Minick, of Oak Harbor, secretary-treasurer at the December meeting of the Ottawa County Medical Society held in the National Bank Building.

Following the business meeting, the doctors joined the Auxiliary at the home of Miss Florence Specht, hospital superintendent, for a Christmas party with exchange of gifts.—*Port Clinton Republican-Herald.*

PUTNAM

Guest speaker for the November 5 meeting of the Putnam County Medical Society was Dr. Vernon A. Noble, Lima, who discussed "Treat-

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ment of Vaginitis." The meeting was held at Hotel Dumont, Ottawa.—H. N. Trumbull, M. D., correspondent.

Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

CUYAHOGA

A combined meeting of the Academy of Medicine of Cleveland and the Cleveland Bar Association was held at the Manger Hotel in Cleveland on December 5. Speaker for the occasion was Catherine Drinker Bowen, writer of such successful books as *Yankee from Olympus.*

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

MAHONING

Dr. Andrew A. Detesco was officially elected president of the Mahoning Medical Society at the annual election of officers in the Elks' Club Tuesday evening, succeeding Dr. Stephen W. Ondash. Dr. M. W. Neidus was elected president-elect.

Other new officers include Dr. A. K. Phillips, secretary; Dr. F. G. Schlecht, treasurer; Dr. H. T. McGregor, three-year delegate to the Ohio State Medical Association. Alternate delegates elected include Dr. C. C. Wales, Dr. C. W. Stertzbach and Dr. John J. McDonough. Following the business session a buffet supper was held.—Clyde K. Walter, M. D., correspondent.

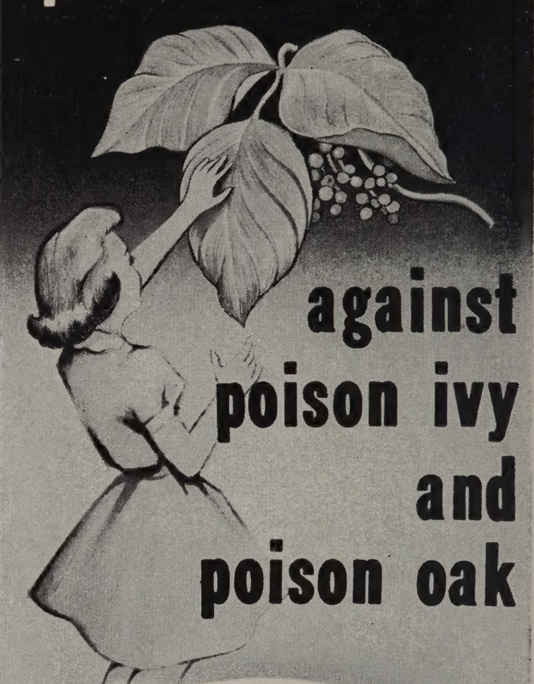
STARK

Dr. Roy H. Clunk, Massillon physician, was elected president of the Stark County Medical Society at its pre-holiday Annual Meeting at the Belden Hotel, Canton. The 300-member organization of Stark County doctors selected Dr. Clunk to succeed Dr. Robert Tschantz, who also was recognized at the meeting for his accomplishments as President during 1957.

Other officers selected include: Dr. John R. Seesholtz, Canton, president-elect for 1959, and Dr. Murray W. Scott, Jr., Canton, secretary-treasurer.

The Society also appointed the following delegates to the Ohio State Medical Association:

Dr. J. B. Walker, Canton, delegate; Dr. David E. Leavenworth, Canton, alternate; Dr. William A. White Jr., Canton, delegate; Dr. Lloyd L. Dowell, Massillon, alternate; Dr. R. L. Rutledge, Alliance, delegate; Dr. Mark Herbst, Canton, alternate; Dr. John R. Seesholtz, Canton, delegate; Dr. A. E. Boyles, Louisville, alternate. (The latter four being in the midst of terms.)



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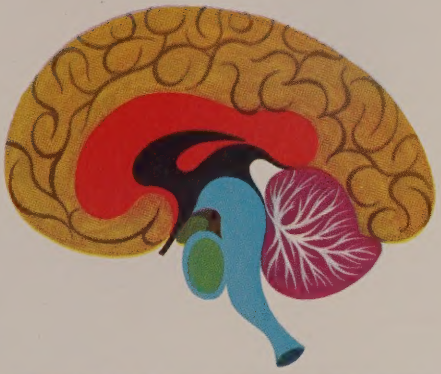

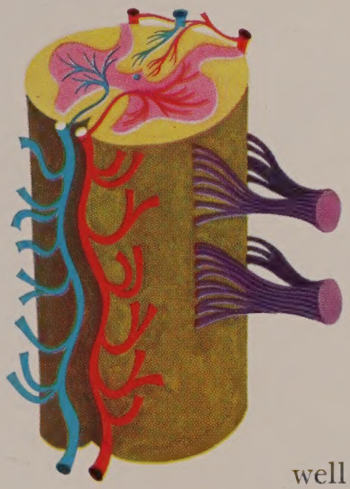

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Dr. Cleon C. Couch, Canton, was elected to the Board of Censors. Present members continuing in office on the Board of Censors include Dr. D. G. Underwood of Navarre, and Dr. G. O. Thompson of Alliance.—*Hartville News and SCMS Bulletin.*

January meeting and program was held in the Belden Hotel, Canton, on the 9th. Speaker was Dr. George A. DeStefano, University Hospital of Cincinnati, whose subject was "Reconstruction of Cranial and Facial Defects with Autogenous Split Rib Grafts."—*Society Bulletin.*

SUMMIT

Dr. Arthur Dobkin, Akron, becomes president of the Summit County Medical Society on New Year's Day.

Others who will be 1958 officers of the oldest medical society in Ohio are: Dr. Donald I. Minnig, president-elect; Dr. William G. Davis, secretary, and Dr. Frank M. McDonald, treasurer.

All four serve on the society's executive council along with Dr. R. G. McCready, immediate past-president; Dr. Carl C. Nohe, editor of the society publication, Dr. E. W. Cauffield, Dr. P. B. deMaine, Dr. Joseph J. Eckert, Dr. Glenn V. Hough, Dr. M. Charles Morgan, Dr. H. Oliver Musser and Dr. Harold E. Muller.—*Akron Beacon-Journal.*

Dr. Charles K. Kirby, assistant professor of surgery, University of Pennsylvania School of Medicine, was the speaker for the January 7 meeting of the Summit County Medical Society in Akron. He spoke on the subject "Recent Advances in Cardiovascular Surgery." Dinner was served at the Akron City Club after which the program was conducted at Akron General Hospital Auditorium.

TRUMBULL

Dr. Aubrey L. Sparks, Cortland, was named president of the Trumbull County Medical Society at the organization's annual Christmas dinner and dance.

Dr. Sparks succeeds Dr. J. A. Browning.

Other officers installed are: Dr. Paul Noonan, president-elect; Dr. Charles Stone, secretary; Drs. Elmer Caskey and Raymond Ralston, delegates to the Ohio Medical Association, and Dr. Sigmund J. Shapiro and Joseph Gledhill, alternates.—*Cortland News.*

A joint meeting of the Medical Society and the Trumbull County Pharmaceutical Association was held on November 20 at Cafe 422 in Warren. Dr. Arthur Tye, head of the Department of Pharmacology, Ohio State University, was the speaker and discussed new drugs placed on the market recently. There were more than 80 members of the two groups in attendance.

Seventh District

(COUNCILOR: ROBERT HOPKINS, M. D., COSHOCTON)

BELMONT

At the business meeting preceding the annual Christmas party of the Belmont County Medical Society December 19 at Belmont Hills Country Club, Dr. David Danenberg of Bridgeport was installed as president for 1958 and Dr. John Brown of Morristown was elected president for 1959.

Dr. Bertha M. Joseph again was elected secretary and Dr. B. C. Diefenbach was named delegate to the state convention. Both reside in Martins Ferry. Dr. Danenberg is the alternate delegate.

Named to the board of censors was Dr. W. L. Davis and Dr. F. P. Sutherland, both of Martins Ferry, and Dr. D. M. Creamer of Bellaire.

The meeting was addressed by Dr. Robert Martin of Zanesville, president of the Ohio State Medical Association.—*Martins Ferry Times.*

Ninth District

(COUNCILOR: C. L. PITCHER, M. D., PORTSMOUTH)

JACKSON

Dr. Louis J. Jindra, of Oak Hill, was elected president of the Jackson County Medical Society at a meeting of the group held December 11 at Fairgreens Country Club.

Other officers named were Dr. John Cook, Oak Hill, vice-president; and Dr. B. J. Allison, County Health Commissioner, secretary-treasurer.

Dr. C. C. Fitzpatrick, of Jackson, was named delegate to the state convention of the Ohio State Medical Association, and Dr. A. R. Hambrick, of Wellston, was named alternate.—*Jackson Herald.*

SCIOTO

The Scioto County Medical Society met December 9 and named Dr. Sam Meltzer as president for the coming year.

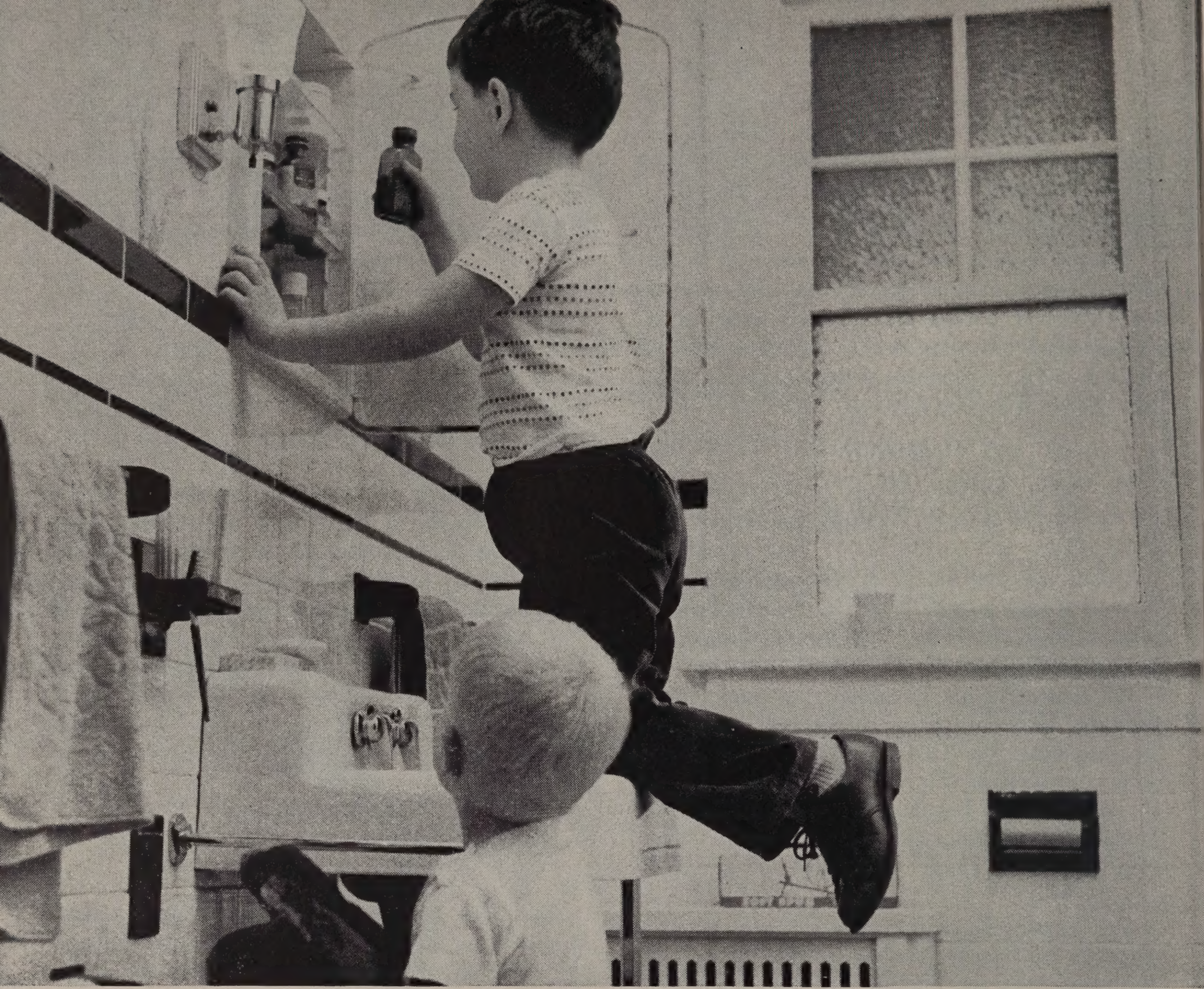
Other officers named were Dr. Louis Chaboudy, vice-president; and Dr. Carl H. Laestar, re-elected secretary-treasurer.

Named to the board of censors was Dr. Joseph T. Gohmann. Dr. Jerome R. Sheets was elected as a legislative committeeman with Dr. Sol Asch being chosen librarian.

Dr. William M. Singleton was named a delegate to the state convention with Dr. Richard L. Wagner as alternate.—*Portsmouth Times.*

The Scioto County Medical Society met at the Nurses Recreation Hall, General Hospital, Ports-

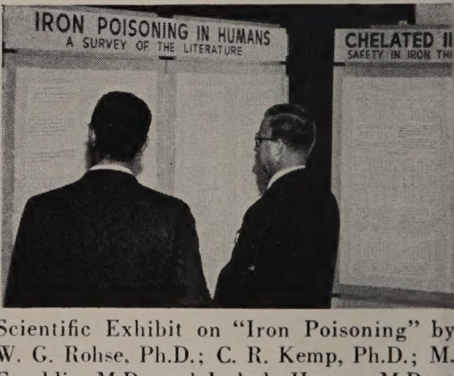
(Continued on Page 242)



JIMMY J.: A CASE HISTORY OF ACCIDENTAL IRON POISONING

Reports of accidental poisoning by oral iron are increasingly common in current literature. However, a recent editorial (South. M. J. 50:117, 1957) can still describe the "shock when it was clearly demonstrated less than a decade ago that iron salts were not without danger to young children, and might even result in their death."

A Scientific Exhibit on "Iron Poisoning"* at the recent A. M. A. Clinical Meeting in Philadelphia points up the immediacy of the problem and sheds new light on the mechanism of iron toxicity. The case history illustrated here is typical of many mentioned in the exhibit. Ferrous sulfate poisoning is quick and often fatal. Even immediate and positive treatment is not always successful.



*Scientific Exhibit on "Iron Poisoning" by W. G. Rohse, Ph.D.; C. R. Kemp, Ph.D.; M. Franklin, M.D., and J. de la Huerga, M.D. at the American Medical Association Clinical Meeting, December 3-6, 1957. Philadelphia, Pa.

This is an advertisement prepared by Flint, *EATON & COMPANY, Decatur, Illinois*

Case history pictured here was adapted from recently published report. Bibliographic reference available on request.

The curious, searching quality of a child can be a wondrous thing, wandering continually through a world of new sights and sounds and new objects that need to be experienced. But often the inquiring hand of the child inadvertently finds pain.

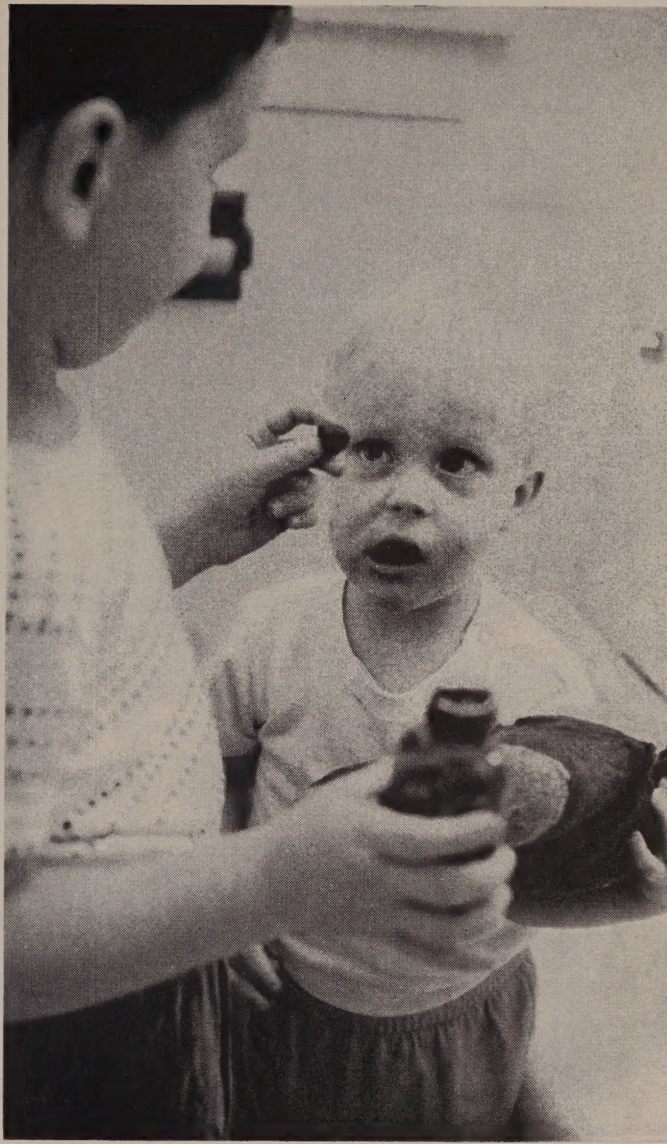
This is the case history of Jimmy J., an 18-month-old boy brought to the hospital with a complaint of diarrhea and vomiting. When first seen, Jimmy was in shock. It developed that he had eaten a number of enteric-coated ferrous sulfate tablets about two hours earlier. He vomited ten of the tablets soon after, and vomited again on administration of egg yolk. Now he was weak and somnolent, with hyperactivity of deep reflexes.

Initial laboratory examination showed a hemoglobin of 10.8 grams, RBC 5.4 million, WBC 52,000. *Serum iron level was approximately 55 times higher than normal* — 8150 mcg./100 cc. Necrotic intestinal mucosa was passed per anum.

Forced fluids, antibiotics and dextrose were started, but the patient remained in shock until given 150 cc. of whole blood by scalp-vein transfusion. Subsequent treatment included milk with added electrolytes, vitamin K and levulose. Jaundice developed two days after admission but cleared in five days. Bone marrow was compatible with tissue breakdown or with chronic infection.

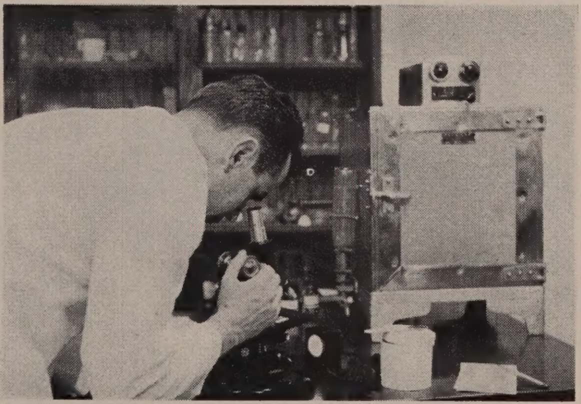
Six days after admission, Jimmy was able to take a general diet. Serum iron returned to normal, the patient became asymptomatic eleven days after admission, and was then discharged.

Jimmy was fortunate; approximately one out of every two cases of iron intoxication do not recover.



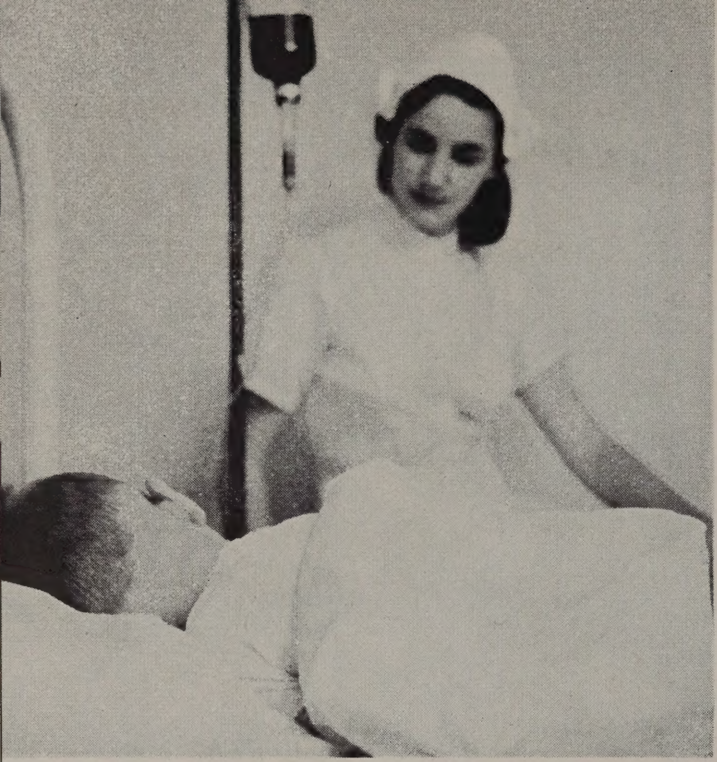
Jimmy was fed the ferrous sulfate tablets by his older brother. Attractively colored sugar-coated pills have an appeal for young palates, yet may often prove fatal.

On admission to the hospital just two hours later, Jimmy presented the classic triad of iron poisoning—vomiting, shock, leukocytosis. Treatment was started immediately.



Necrotic mucosal tissue passed by rectum indicated local g.i. damage caused by the corrosive action of the tablets. Fluoroscope confirmed presence of tablet material.

CONTINUED

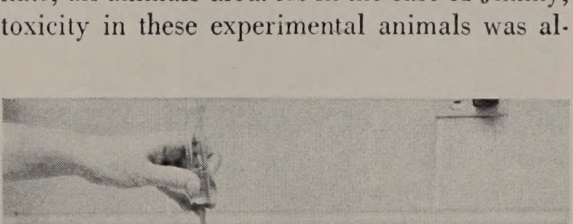


Significantly, serum iron level prior to transfusion had risen to 8150 mcg./100 cc., more than 50 times higher than normal. indicating uncontrolled absorption of iron salts from the child's intestinal tract.

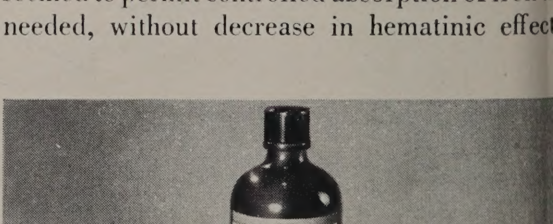
Despite apparent damage to g.i. tissue, Jimmy was abl to take food by mouth six days after admission. Thus systemic toxicity may not be related to tissue damage

RECENT FINDINGS INDICATE CHELATION MINIMIZES RISK OF IRON TOXICITY

Studies of iron intoxication described in the recent A. M. A. Scientific Exhibit consistently reveal a direct ratio between elevation of serum iron and incidence of fatality. In a series of dogs and rabbits given 250 mg. iron per Kg. as aqueous solutions of ferrous sulfate or gluconate, all animals died. As in the case of Jimmy, toxicity in these experimental animals was always associated with serum iron elevation fa beyond total binding capacities. However, i other animals given equal amounts of iron a iron choline citrate (FERROLIP®), an iron che late, all rabbits and 90 per cent of dogs survive without evidence of toxicity. Thus, *chelated* iro seemed to permit controlled absorption of iron a needed, without decrease in hematinic effect



Animal studies confirm relationship of fatality to excessive serum iron elevation with ferrous sulfate or gluconate.

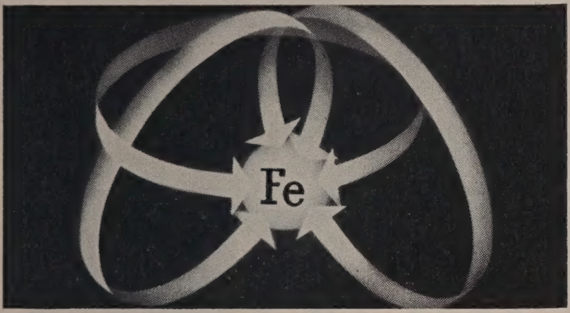


A new iron chelate (iron choline citrate — FERROLIP appears to avoid this excessive elevation of serum iron

FERROLIP... EFFECTIVE AND SAFE

The inherent safety of FERROLIP is apparently due to chelation. The iron complex—"chelated," or bound—apparently can be absorbed and utilized by the body as physiologically needed, at a controlled rate, thus essentially obviating the possibility of excessive free iron in the blood stream. In contrast to readily dissociable iron salts such as ferrous sulfate or ferrous gluconate, experimental evidence has shown that massive doses of FERROLIP have rarely been associated with a dangerous elevation in serum iron.

FERROLIP has additional practical advantages over other forms of iron therapy. As a chelate, it is nonionized, nonastringent, and it remains in solution at pH levels up to 10.5. Consequently, FERROLIP is essentially free from g.i. irritation; it is not precipitated by protein or phosphate, and it can be given in milk or formula; also FERROLIP does not attack or discolor the teeth.



The Greek word *chele* means a claw. The term *chelation* is now applied to chemical processes whereby metallic ions are sequestered or bound into claw-like rings within certain organic molecules. Chelation can be applied to any problem wherein ions of a metal cause trouble. The iron in FERROLIP is bound by this process.

FERROLIP is available in the following forms: TABLETS—Three FERROLIP Tablets supply 1.0 Gm. of iron choline citrate equivalent to 120 mg. of elemental iron and 360 mg. of choline base.

SYRUP—One fl.oz. of FERROLIP Syrup provides 120 mg. elemental iron, equivalent of 3 tablets.

DROPS—Each cc. of FERROLIP Drops provides 16 mg. elemental iron and 48 mg. choline base.

DOSAGE: Adults, 1 or 2 tablets or 2 to 4 teaspoonfuls of syrup t.i.d.; children, 1 tablet or 2 teaspoonfuls t.i.d.; 0.5 cc. of drops supplies M.D.R. for infants and children up to 6 years —therapeutic dose as determined by physician.

FERROLIP®

Iron Choline Citrate

a physiologic iron chelate

for RESULTS WITHOUT RISK in iron deficiency anemia

TABLETS	Bottles of 100 and 1000
SYRUP	Pints and gallons
DROPS	30-cc. dropper bottles

also available:

FERROLIP ob

during pregnancy

just 1 tablet t.i.d. (the daily dose) provides:

FERROLIP (Iron Choline Citrate*)	150 mg.
Tricalcium Citrate	600 mg.
Calcium Gluconate	300 mg.
Thiamine Mononitrate	3 mg.
Riboflavin	3 mg.
Niacinamide	30 mg.
Calcium Pantothenate	10 mg.
Pyridoxine Hydrochloride	10 mg.
Ascorbic Acid	200 mg.
Folic Acid	0.5 mg.
Vitamin B_{12} with Intrinsic Factor Concentrate	1 U.S.P. Unit (Oral)
Vitamin A	5000 Units
Vitamin D	500 Units

DOSAGE: 1 tablet t.i.d.

SUPPLIED: Bottles of 60, 100, and 1000.

FERROLIP plus

for macrocytic and microcytic anemias

Each capsule contains:

FERROLIP (Iron Choline Citrate)	200 mg.
Vitamin B_{12} with Intrinsic Factor Concentrate	⅓ U.S.P. Unit (Oral)
Liver, Desiccated, N.F.	100 mg.
Ascorbic Acid	50 mg.
Folic Acid	0.5 mg.
Thiamine Hydrochloride	2 mg.
Riboflavin	1 mg.
Pyridoxine Hydrochloride	0.5 mg.

DOSAGE: 1 capsule t.i.d.

SUPPLIED: Bottles of 60, 100, and 1000. Also available: **FERROLIP plus Liquid**, in 8-fl.oz. and gallon bottles.

Flint, EATON & COMPANY
Decatur, Illinois

*U. S. PAT. 2,575,611

mouth, on January 13 for a program and buffet refreshments. Speaker for the occasion was Dr. Robert Izant, of the OSU Department of Pediatrics and Surgery, Columbus, whose subject was "Abdominal Masses in Children."

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

Following is the incoming president and slate of officers elected by the Lorain County Medical Society for the year: President, Dr. Ben Myers, Elyria; vice-president, Dr. Oscar Schettler, Oberlin; president-elect, Dr. Denis Radefeld, Lorain; secretary-treasurer, Dr. Lawrence Meredith, Elyria; delegates, Dr. Ted Wiseman, Amherst, and Dr. James Stephens, Oberlin; alternates, Dr. John Newman, Avon Lake, and Dr. Henry Kleinhenz, Lorain; member of the Board of Censors for three years, Dr. Lothar Hoffer, Lorain.—L. C. Meredith, M. D., secretary-treasurer.

WAYNE

At the December 11 meeting of the Wayne County Medical Society the following officers were elected: President, Dr. James Robertson; vice-president, Dr. Joel Pratt; secretary-treasurer, Dr. Robert Schulz; delegate, Dr. A. B. Huff; alternate, Dr. A. J. Hartzler; all of Wooster.

A new constitution for the Society was passed, subject to OSMA approval.

Two new members were voted into the Society. They are Dr. Jerry Bosnak, Beeson Clinic, transfer from Cuyahoga County; and Dr. Robert Schulz, Wooster Community Hospital pathologist, transfer from Northampton County (Penna.) Medical Society.

Dr. O. J. Shong, of Rittman, retired in December and is making his home in Florida.—Chas. H. Brant, M. D., 1957 secretary-treasurer.

The chief of the Veterans Administration atomic medicine program in Washington, D. C., announced that doses of radioactive vitamin B-12 are being administered to patients with anemia and stomach disorders and traced to find whether the vitamin is absorbed by the body. The procedure is useful in distinguishing pernicious anemia from other anemia and in planning treatment for patients who have had stomach surgery.

Dr. J. P. Harvey, of Youngstown, has been appointed governor for the State of Ohio in the American College of Cardiology.

For Real Pain ...give real relief:

A.P.C. WITH Demerol® tablets

Each tablet contains:

Aspirin	200 mg.	(3 grains)
Phenacetin	150 mg.	(2½ grains)
Caffeine	30 mg.	(½ grain)
Demerol hydrochloride	30 mg.	(½ grain)

Average Dose:

1 or 2 tablets.

Narcotic blank required.

Potentiated Pain Relief

WINTHROP LABORATORIES
New York 18, N. Y. • Windsor, Ont.

Demerol (brand of meperidine),
trademark reg. U.S. Pat. Off.

PHS Advises Against Community-Wide Tuberculosis X-Ray Campaigns

The U. S. Public Health Service, acting on advice of a committee of medical and public health leaders called in to re-evaluate recent changes in the nature of the tuberculosis problem, is recommending against community-wide chest x-ray campaigns for detection of TB. Instead PHS recommends that communities use tuberculin skin testing as a first step in case-finding, followed up with x-ray examinations for those with positive reactions.

The service suggests, that x-ray examinations be continued on selective groups, those with greatest risk, such as persons confined to hospitals and other institutions, low-income groups, migrant workers and people known to have been exposed to the disease. It was emphasized that groups to be given x-rays should be selected locally, with the choice based on the local tuberculosis problem, the expected yield of new cases and the adequacy of diagnostic and treatment facilities and of follow-up services.

One factor given consideration in reaching the decision, PHS says, is "the problem of low-level radiation exposure from x-rays." To further reduce radiation exposure, both of the operators and the public, PHS urges periodic inspection of all x-ray equipment, and installation of further protective devices where indicated.

Of the new tuberculosis picture, PHS says: "In the last 15 years . . . the tuberculosis problem has changed radically. Some areas of the country are now practically free of active cases of the disease. In other areas, tuberculosis continues to be a serious problem, particularly among certain groups. While the number of active cases has declined almost 30 per cent in the last 5 years, it is estimated that there are still about 250,000 persons with active tuberculosis in the United States today."

The committee that advised PHS to make the recommendations was composed of: Drs. Russell H. Morgan, chief radiologist, Johns Hopkins University Hospital, and special consultant to the surgeon general on the public health aspects of radiation; Ralph Dwork, director, Ohio State Department of Health; Floyd Feldman, medical director, National Tuberculosis Association; Joseph Stocklen, tuberculosis control officer, Cleveland and Cuyahoga County Health Department.

Dr. Richard L. Fulton, is the new president of the Metropolitan Health Council of the Columbus area. He succeeded Dr. James Hughes.

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for the convenience of the Physicians and Surgeons—and the many people they serve

Three Prescription Departments

maintained in a high class manner with large staff of registered Pharmacists

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OFFICE EQUIPMENT
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W-B Pharmaceutical Supplies

JOBBING STOCKS ALL LEADING MANUFACTURERS

Antitoxins and Vaccines in Special Refrigeration Plants

Prompt Service on Phone Orders

Cook County Graduate School of Medicine

INTENSIVE POSTGRADUATE COURSES

STARTING DATES—SPRING, 1958

SURGERY—Surgical Technic, two weeks, Mar. 24, Apr. 21, May 12. Surgery of Colon and Rectum, one week, Apr. 7. Basic Principles in General Surgery, two weeks, Apr. 7. Treatment of Varicose Veins, Apr. 7, May 5. Gallbladder Surgery, three days, Mar. 31. Surgery of Hernia, three days, Apr. 3. General Surgery, two weeks, May 5; one week, May 12. Fractures & Traumatic Surgery, two weeks, Mar. 17. Breast & Thyroid Surgery, one week, May 5.

GYNECOLOGY & OBSTETRICS—Office & Operative Gynecology, two weeks, Mar. 17. Vaginal Approach to Pelvic Surgery, one week, Apr. 28. General & Surgical Obstetrics, two weeks, Mar. 31.

MEDICINE—General Review Course, two weeks, May 12. Electrocardiography & Heart Disease, two weeks, Mar. 17. Hematology, one week, June 2. Gastroenterology, two weeks, Apr. 14.

PEDIATRICS—Two-Week Intensive Course, Apr. 21.

DERMATOLOGY—Clinical & Didactic Course, two weeks, May 5.

RADIOLOGY—Diagnostic X-Ray, two weeks, Apr. 28. Clinical Uses of Radioisotopes, two weeks, May 5.

UROLOGY—Two-Week Intensive Course, Apr. 14. Cystoscopy, Ten-Day Practical Course, by appointment.

TEACHING FACULTY — ATTENDING STAFF OF COOK COUNTY HOSPITAL

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CHICAGO 12, ILLINOIS

The Sexes and Death . . .

Women's Longevity over Men Continues To Expand; Accidents Claim More Lives than Does Any Single Fatal Disease, Survey Over the Years Shows

WOMEN'S longevity over men results from the more rapid decline in their mortality since 1900, rather than any increase in the death rate among men, according to the Health Information Foundation.

A Foundation survey shows the 1956 life expectancy of females at birth was six years more than men, a widening of the slightly higher longevity they had over men in 1900.

In 1956, according to the National Office of Vital Statistics, there were in the United States 228,000 more male than female deaths. Excess male mortality is characteristic of nearly all leading diseases; but the widening differential has, to a considerable extent, been associated with a shift in the leading causes of death from communicable diseases at the turn of the century to the degenerative diseases today.

Patterns Change

In 1900 pneumonia and influenza, tuberculosis, and diarrhea and enteritis—three of the five leading causes of death, accounting for nearly a third of total deaths—resulted in a slight excess male mortality. While the importance of these diseases declined considerably by 1955, the excess male mortality rose sharply.

Heart disease in 1900 caused an excess male mortality of only 11 per cent, but in 1955 the differential in that disease climbed to 78 per cent. This single disease accounts considerably for today's excess male mortality rate.

The result has been that women outnumber men at all ages past the mid-twenties. Among persons aged 65 and over, the excess is more than a million and, if current trends continue, is expected to increase to 3½ million by 1975. Even at midlife—45-64—women will outnumber men by 2.2 million, or 11 per cent, the Foundation reports.

Research currently is seeking to learn if the sex differential in mortality is due to biological or social (including environmental) factors.

The Biggest Killer

By far the highest excess of male deaths among the leading causes, especially in the younger ages, occurs among accidents. This cause alone accounts for over four-fifths of the male toll from all causes of death at ages 10-24, and nearly three-fourths at 25-34.

Another changed picture is that of cancer. In 1900, malignant neoplasms caused about four per cent of all deaths, females exceeding males by 65 per cent. By 1955 cancer accounted for 16 per cent of all deaths, male mortality exceeding female by 20 per cent, increasing to 50 per cent in the 60-74 age group.

The only major disease having a higher age-adjusted mortality rate for women and men, the Foundation reported, is diabetes mellitus—35 per cent higher.

But statistics show that the five leading causes of death—heart disease, cancer, vascular lesions affecting the central nervous system, accidents and pneumonia and influenza—inflict more mortality on men than women.

WINDSOR HOSPITAL —ESTABLISHED 1898—
A NON PROFIT CORPORATION • CHAGRIN FALLS, OHIO • Phone: CHestnut 7-7346
A hospital for the treatment of Psychiatric Disorders. *Booklet available on request.*
JOHN H. NICHOLS, M. D., *Medical Director* **G. PAULINE WELLS, R. N.,** *Admin. Director* **HERBERT A. SIHLER, JR.,** *Sec'y.*
MEMBER: *American Hospital Association — Central Neuropsychiatric Hospital Association*
National Association of Private Psychiatric Hospitals
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ACHROCIDIN*

TETRACYCLINE-ANTIHISTAMINE-ANALGESIC COMPOUND LEDERLE

A versatile, well-balanced formula capable of modifying the course of common upper respiratory infections . . . particularly valuable during respiratory epidemics; when bacterial complications are likely; when patient's history is positive for recurrent otitis, pulmonary, nephritic, or rheumatic involvement.

Adult dosage for ACHROCIDIN Tablets and new caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to weight and age.

Available on prescription only.

TABLETS *(sugar coated) Each Tablet contains:*

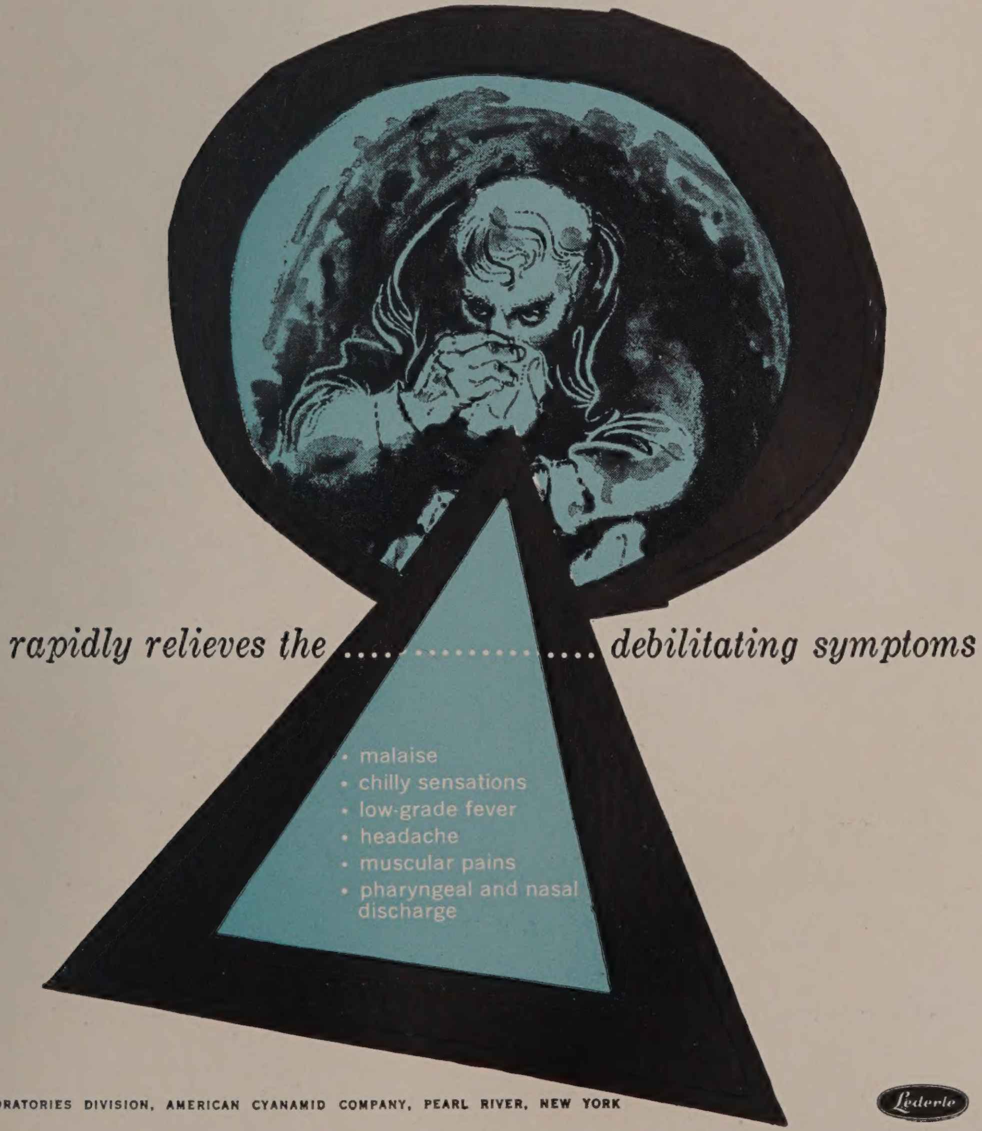
ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottles of 24 and 100.

SYRUP *(lemon-lime flavored) Each teaspoonful (5 cc.) contains:*

ACHROMYCIN® Tetracycline equivalent to tetracycline HCl	125 mg.
Phenacetin	120 mg.
Salicylamide	150 mg.
Ascorbic Acid (C)	25 mg.
Pyrilamine Maleate	15 mg.
Methylparaben	4 mg.
Propylparaben	1 mg.

Bottle of 4 oz.


rapidly relieves the .... debilitating symptoms
• malaise
• chilly sensations
• low-grade fever
• headache
• muscular pains
• pharyngeal and nasal discharge

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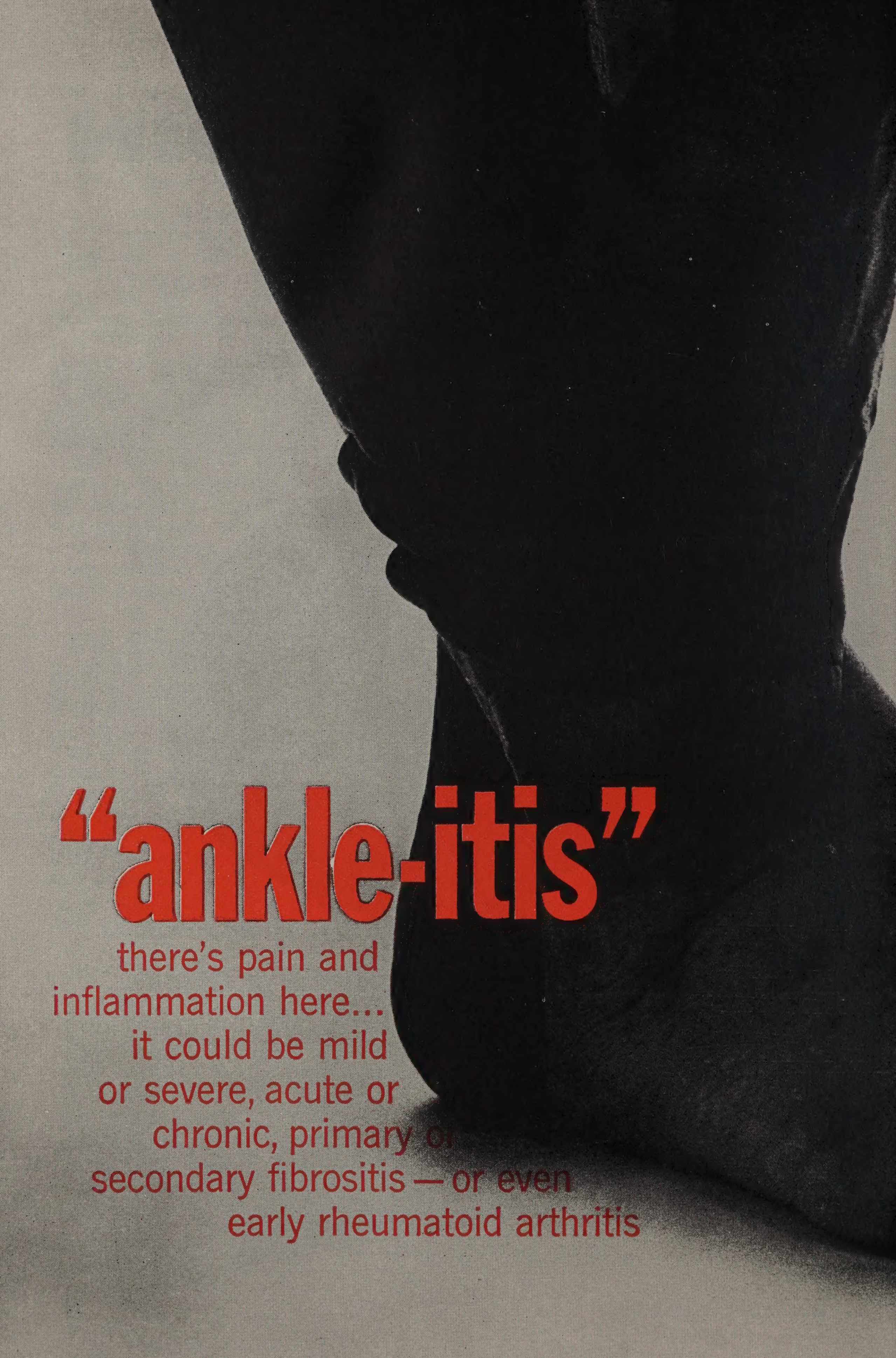
"ankle-itis"
there's pain and
inflammation here...
it could be mild
or severe, acute or
chronic, primary or
secondary fibrositis — or even
early rheumatoid arthritis

more potent and comprehensive treatment than salicylate alone

assured anti-inflammatory effect of low-dosage corticosteroid[1] . . . additive antirheumatic action of corticosteroid plus salicylate[2-5] brings rapid pain relief; aids restoration of function . . . wide range of application including the entire fibrositis syndrome as well as early or mild rheumatoid arthritis

more conservative and manageable than full-dosage corticosteroid therapy—

much less likelihood of treatment-interrupting side effects[1-6] . . . reduces possibility of residual injury . . . simple, flexible dosage schedule

THERAPY SHOULD BE INDIVIDUALIZED

acute conditions: Two or three tablets four times daily. After desired response is obtained, gradually reduce daily dosage and then discontinue.

subacute or chronic conditions: Initially as above. When satisfactory control is obtained, gradually reduce the daily dosage to minimum effective maintenance level. For best results administer after meals and at bedtime.

precautions: Because SIGMAGEN contains prednisone, the same precautions and contraindications observed with this steroid apply also to the use of SIGMAGEN.

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any
case
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Sigmagen®

corticoid-salicylate compound tablets

Composition

METICORTEN® (prednisone)	0.75 mg.
Acetylsalicylic acid	325 mg.
Aluminum hydroxide	75 mg.
Ascorbic acid	20 mg.

Packaging: SIGMAGEN Tablets, bottles of 100 and 1000.

References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

Schering

[illegible]

Activities of Woman's Auxiliary . . .

CHAIRMAN PUBLICITY COMMITTEE—Mrs. C. H. Bell,
754 Dickson Parkway, Mansfield
(See Page 137 for roster of officers.)

BUTLER COUNTY

Attending the First District meeting of the Woman's Auxiliaries of County Medical Societies at the Sinton Hotel, Cincinnati, were Mrs. Clifford Fening and Mrs. Gilbert Wagoner. Mrs. Herbert Warm of Hamilton, past-president of Butler County Auxiliary is the District Director. Members of the Hamilton County Auxiliary were hostesses for this meeting.

A joint social meeting of the Auxiliary and the Butler County Medical Society was held on November 21 at the Sports Bowl. Thirty-three physicians and their wives enjoyed the get-together which included dinner followed by an evening of bowling. The committee in charge of arrangements were Mrs. Robert Tennant, Mrs. David Gerber and Mrs. Anthony Kokenakis.

CLARK COUNTY

The Christmas Card Fund of the Woman's Auxiliary to the Clark County Medical Society received a boost at the auxiliary dance on December 7. "Just an Old Fashioned Christmas" was the theme used for members and their husbands for the affair held at the Springfield Country Club.

A feature of the evening was the annual collection of the "Christmas Card fund." For the third consecutive year, members who wished to participate in the program used this occasion to wish each other "Merry Christmas" and make a contribution to a philanthropy fund in place of exchanging Christmas cards. The fund has made possible a variety of benefactions to such causes and groups as the Clark County Children's Home, the County Home for the Aged, the Clark County Sanatorium, the Cerebral Palsy Clinic, Town and Country Day School, Community Welfare Council, Student Nurses, Safety and Rehabilitation pamphlets and health education films for use in the schools and the American Medical Education Foundation.

Mrs. D. H. Guyton and Mrs. E. W. Schilke served on the Hospitality Committee as chairmen with Mrs. A. T. Anton and Mrs. H. E. Sanders assisting. Mrs. C. T. Doeing did the poster work. The philanthropy fund is under the chairmanship of Mrs. Paul W. Schanher, Jr.

COLUMBIANA COUNTY

The Woman's Auxiliary to the Columbiana County Medical Society met at the East Liverpool Country Club with thirty-two members and one guest present. Hostesses were Mrs. R. C. Costello, Mrs. J. A. Fraser and Mrs. C. H. Bailey of East Liverpool.

Mrs. Virgil Hart, president, presided at the business meeting. In accordance with the Student Nurse Recruitment Program, a candidate from the northern portion of the county was selected to receive the 1958 scholarship.

The legislative chairman discussed the Jenkins-Keogh bill and the members voted to give the Medical Association active assistance in support of this legislation. A Christmas Seal Bond was purchased.

Auxiliary members in each locality in this county will distribute Personal Health Information cards to the public. These cards were prepared by the American Medical Association as part of their National Public Safety Program. Mrs. C. J. Lehwald is chairman of this project. Red Cross officials will be assisted in the Bloodmobile work.

Mrs. Robert Popejoy of East Liverpool demonstrated many novel and interesting methods of wrapping gifts for Christmas and other occasions.

CUYAHOGA COUNTY

A major activity on Auxiliary's agenda each year is Nurse Recruitment. In conjunction with the Council and League for Nursing, the Auxiliary has sponsored Future Nurse Clubs throughout the county in the hope of filling the ever increasing demand for nurses and other hospital personnel. A total of 550 Future Nurses rallied in the Academy Auditorium for a discussion and tour. Silver trays are awarded each year to the school with the greatest number of participating students. The trays are inscribed as being presented by the Academy of Medicine of Cleveland and its Auxiliary.

The Chrysanthemum Ball was successful beyond all expectation. Hotel Statler Ballroom with a seating capacity of 480 opened its entire balcony to accommodate a record crowd of 575 Academy of Medicine doctors and their Auxiliary wives. Mrs. Roscoe J. Kennedy, Auxilary president, was presented a sheaf of red roses by Dr. Thomas Kinney, Academy president, for her outstanding executive achievements.

The Junior Chamber of Commerce of Cleveland awarded Mrs. Christopher Colombi, along with five other outstanding members of the community, an award for her work on the polio drive of last year. It was said that Cleveland's extensive vaccination program led the nation, and that the

(Continued on Page 252)

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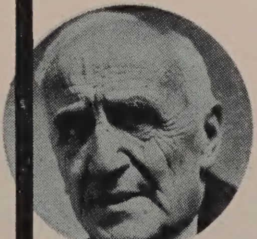

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References: 1. Groskloss, H. H., et al: Clin. Med. 2:885 (Sept.) 1955. 2. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957.

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job Auxiliary performed was truly monumental. This comment was from Dr. Hiscock, immediate past-president of the American Public Health Association, whose 7000 delegates were meeting in Cleveland at the time.

ERIE COUNTY

The Woman's Auxiliary met at the Business Women's Club for luncheon, a November business session and program. Dr. Florence McCullough, North Central district director of the Ohio Congress of Parents and Teachers, was guest speaker.

Important reports were made during the business meeting which followed the program. Public Relations chairman, Mrs. C. R. Swanbeck announced that the family health records have been placed in the obstetrical department of both hospitals and with the Erie County public health nurses. The health wallet cards are being placed in doctors' offices, and distributed to organizations upon request.

An important function on the Auxiliary agenda was the annual Christmas teas for the personnel of Providence and Good Samaritan Hospitals held on December 12.

FAIRFIELD COUNTY

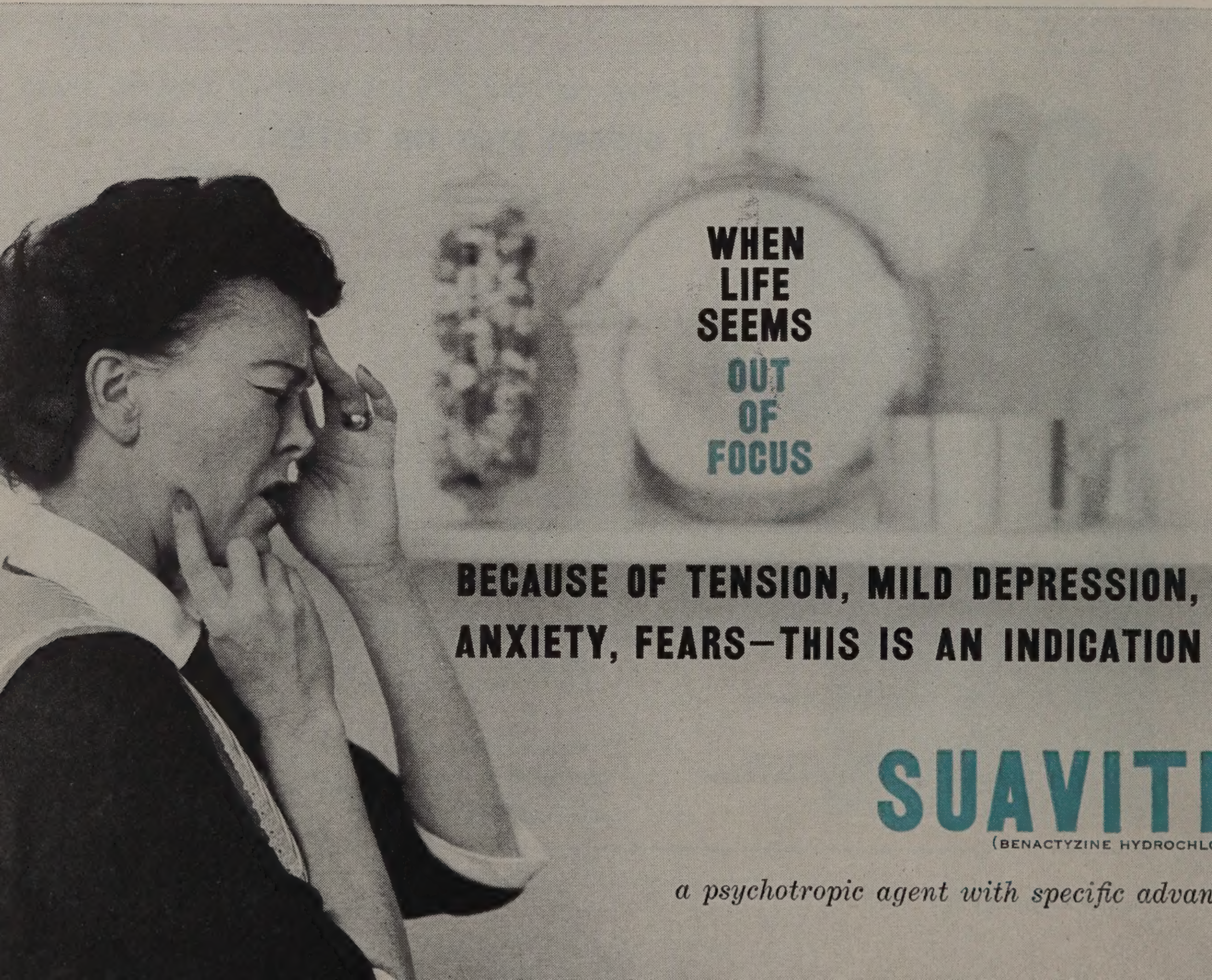
The Auxiliary to the Fairfield County Medical Society held its annual Christmas party at the Lancaster Country Club on December 12. Place cards in the form of a doctor's prescription directed the 68 guests to the dining table.

Mrs. George LeSar, president, introduced Mrs. Stephen Hodsden, social chairman. Mrs. Hodsden surprised Dr. and Mrs. Clifford Snider with the announcement that the entire program was in their honor, and the couple was presented matching luggage from the Auxiliary. Dr. Fred Spangler presented Dr. Snider with a Hamilton electric wrist watch from the Medical Society. Assisting Mrs. Hodsden were Mrs. Stanley Sneeringer, Mrs. George Mogil and Mrs. Harold Schwendeman.

On December 16 Auxiliary members met for coffee at the new home of Mrs. George F. Jones. Each member brought homemade cookies. These were sold and the profit will be donated to the American Medical Education Foundation. Mrs. Jones, Mrs. Charles Clark and Mrs. George LeSar were hostesses.

HAMILTON COUNTY

The yearly dinner dance of the Woman's Auxiliary to the Hamilton County Medical Society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was held on December 7 in a holiday setting at the Hotel Sheraton Gibson Roof Garden. More than 400 persons attended the colorful affair, which is the principal feature of the Auxiliary's social calendar.

Given for the benefit of the organization's philanthropic fund, the dance proceeds have provided both medical and nursing scholarships and annual gifts to Longview State Hospital and the Hillcrest School. Mrs. Milton W. Gwinner and Mrs. James S. Mills were the co-chairman of the party this year.

KNOX COUNTY

The auxiliary to the Knox County Medical Society met in the home of Mrs. Thomas Bogardus, Jr., on November 21. At the business hour, in charge of Mrs. C. E. Cassaday, the members planned to serve at the meeting of the Golden Age Club in January; voted to buy an audiometer for use in the county schools, and discussed plans for a nursing recruit tea for February.

Refreshments were served. Mrs. Henry Lapp and Mrs. James McLarnan were co-hostesses. Later the group toured the museum of James Beam on Newark Rd. with Mrs. Beam giving the history of many of the articles.

LOGAN COUNTY

Members of the Auxiliary to the Logan County Medical Society met for the November meeting in the home of Mrs. C. H. Thompson in West Mansfield for a "Gourmet Party" cover dish. After the luncheon the recipes were sold making a nice sum of money for the treasury. Mrs. George Freetage president conducted a business meeting. It was voted to continue giving *Todays Health* to all the schools.

LORAIN COUNTY

The Auxiliary was hostess when the Eleventh District Meeting of the Ohio State Medical Auxiliary was held on November 14 at the Elyria Country Club. Registration preceeded luncheon.

Mrs. Franz Gruen, director of the District, introduced Mrs. W. R. Gibson president-elect and Mrs. Van Epps, second vice-president of the Ohio State Medical Auxiliary. Mr. H. A. Zealley, superintendent of Elyria Memorial Hospital, was the guest speaker for the afternoon and introduced by Mrs. Gruen.

Mrs. W. R. Gibson reviewed an important

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point from the State Presidents' and Vice-Presidents' meeting by stating that in our unity in purpose and friendship, doctors' wives are powerful allies for their husbands in creating good public relations.

A letter from Mrs. V. R. Frederick, president of the State Auxiliary, called attention to the items to be emphasized in every county auxiliary during 1957-58.

Mrs. Van Epps explained the National Theme and discussed organization and membership in the Eleventh District. Mrs. Gruen asked presidents of the county auxiliaries to relate important phases of their programs for the year.

MIAMI COUNTY

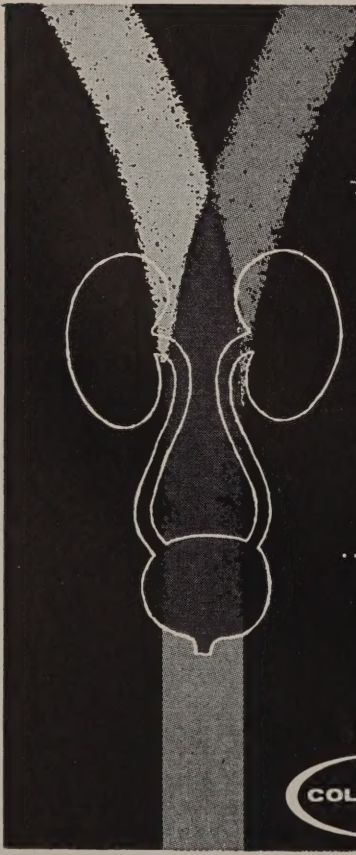
Since 1952, the Auxiliary to the Miami County Medical Society has held an annual tea to better acquaint interested high school juniors with nursing as a career. For the first time this year a breakfast was held instead. This will be followed up in the spring by a scholarship test, which is offered to any Miami County high school senior interested in nursing. From these applicants, one is chosen for a three year scholarship to the school of her choice. Student nurses who are now attending school through these scholarships are the Misses Judith Landrey of Troy, Susan Frances of Tipp City, Janet Stephan of Piqua and Barbara Hoban of Piqua. Miss Stephan and Miss Hoban sat on the panel when Mrs. Elva Evans, executive secretary for the Ohio Council and League of Nursing, spoke to the group on "Careers in Nursing." An informal discussion and question and answer period followed her talk.

RICHLAND COUNTY

"Silent" Auction of commodities ranging from Christmas decorations and gifts to homemade bread featured the December 2 luncheon meeting of the Woman's Auxiliary to the Richland County Medical Society. Proceeds of the sale will be divided between the American Medical Education Foundation and the Nurse Recruitment Fund, the two outstanding projects of the group this year.

Members of the Mansfield Future Nurses Club are now in the midst of selling cashew nuts, one of their projects for the year, to finance field trips to hospitals. Members of the auxiliary, sponsors of the club are in charge of the project. A panel meeting was recently held when members of the Future Nurses club and prospective nurses met for a nurse recruitment program. Local nurses projected the advantages of a three year hospital training program, while Mrs. Helen Mickak, pub-

(Continued on Page 256)



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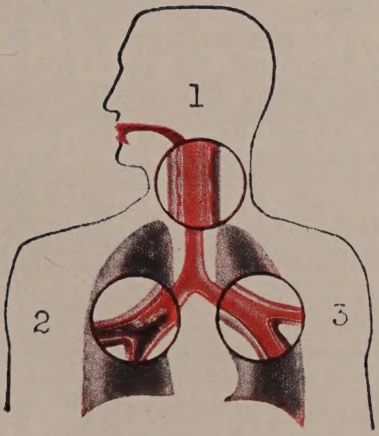

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lic relations director for nursing at City Hospital, Cleveland, and two representatives from Ohio State University cited reasons as to why they selected the longer degree type of training.

ROSS COUNTY

Mrs. H. M. Crumley spoke on the Health Career Club at a dinner meeting of the Woman's Auxiliary to the Ross County Medical Society at the Lynne House. The club was organized at Chillicothe High School for girls interested in nursing and other careers in the health field.

Mrs. Robert Swank presided at the auxiliary meeting and introduced Mrs. Robert Giesler, radio and visual education chairman, who spoke on the new series of programs on health. Mrs. John Franklin conducted the Hospital Guild 1 meeting and introduced Mrs. Claude Gray and Mrs. William Gray who reported on Hospital Guild 10 projects. Mrs. Franklin urged all members to give hours to the Hospital Snack Shop.

SCIOTO COUNTY

A demonstration of his photographic invention by Dr. Wells McCann of Wheelersburg was a highlight of the afternoon when the Woman's Auxiliary to the Scioto County Medical Society met in the home of Mrs. W. E. Daehler.

During a short business meeting conducted by Mrs. William Hugenberg, president, Mrs. B. U. Howland gave a report on the 9th District meeting held at Lake White. Mrs. Howard Baughman Jr. urged members to renew magazine subscriptions and Mrs. A. P. Hunt gave a report on legislation. A report on the telephone bridge, proceeds of which go to the American Medical Education Foundation and the nurse's fund, was made by Mrs. Robert Counts, chairman of the ways and means committee. On December 11, an auction and baked goods sale was held in the home of Mrs. Clyde Fitch.

STARK COUNTY

Eighty-five members of the Woman's Auxiliary to the Stark County Medical Society were guests at a holiday tea on December 17 and contributed Christmas gift packages for under-privileged children. Mrs. Amelia Gang, executive director of the Visiting Nurse Society of Canton distributed the gifts and was a guest of the auxiliary which was entertained by Mrs. Howard Weaver. Mrs. Richard G. Spitzer, president, Mrs. R. K. Ramsayer, president-elect, Mrs. Herbert A. Jones and Mrs. L. H. Werley presided at the tea table. Mrs. Sidney Larson was chairman with Mrs. James Bahrenburg, co-chairman.

SUMMIT COUNTY

The Woman's Auxiliary to the Summit County Medical Society met for a dessert and coffee on December 3 in the Eva P. Craig Auditorium at Akron General Hospital. Mr. Jack Richards, director of the Falls Art Center spoke on the "Trail of Job." The wives of the interns and residents of the Akron Hospitals were the Auxiliary's guests.

Mrs. Robert Hemphill, chairman of AMEF sold chances for the floral table decoration and the profits went to AMEF.

At the present the Auxiliary is underwriting the cost of two courses of "Milestones for Marriage" for high school seniors in Akron. This is a series of letters published by the Louisiana Association of Mental Health and is used as a part of the regular curriculum. Mrs. R. B. Smith, Mental Health Chairman, reported that school authorities are quite pleased and are considering this as a pilot study for future plans.

The Safety Committee headed by Mrs. M. A. Gallagher has been working hard distributing Health Wallet Cards and Immunization Records Books through the Akron and Summit County Schools.

Health Days will be held March 7-8 and 10 in the Auditorium at O'Neil's Department Store in Akron.

Members of the auxiliary volunteered to fill the

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requests of 75 patients who were in hospitals and wanted to vote.

The "Oldsters" as an outgrowth of the auxiliary Hobby Show are establishing a year-round center for recreation, workshop, display and sales. The Oldsters have given themselves a name—Senior Citizens. They requested and needed help and the Auxiliary voted to accept this responsibility as an extension of the Hobby Show project. The following members have been appointed as the Auxiliary's representatives to the Board of Trustees: Mrs. D. L. Gordon, Mrs. E. L. Voke, Mrs. Arthur Dobkin, Mrs. E. L. Mollin and Mrs. R. R. Plisikin.

TRUMBULL COUNTY

The Trumbull County Medical Auxiliary held its monthly meeting on November 21 with Mrs. Clyde Muter, president, presiding. Special guests for the day included Mayor William C. Burbank; members of the Trumbull County Bar Association Auxiliary; members of the Corydon Palmer Dental Society Auxiliary and the student nurses from Trumbull Memorial Hospital. The special feature of the program was guest speaker, Miss Carol Lane, woman's travel editor for Shell Oil Company.

Huron Road Hospital Will Present Seminar on Endocrinology

The medical staff of Huron Road Hospital, Terrace and Belmore Roads, Cleveland, is sponsoring a two-day postgraduate seminar on Tuesday and Wednesday, February 25 and 26, where distinguished guest speakers as well as Cleveland Area physicians will present material covering most of the recent developments in the field of Endocrinology and Metabolism.

The program begins at 9:00 a. m. on Tuesday. Fee, which includes two luncheons, is $15.00 except for interns or residents who may attend without charge. A copy of the program and other details may be obtained by writing Staff Office, Huron Road Hospital, 13951 Terrace Road, Cleveland 12, Ohio.

The 36th annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held August 24-29 at the Bellevue Stratford Hotel, Philadelphia, Pa. Details may be obtained by writing to the organization's headquarters, 30 N. Michigan Ave., Chicago 2.

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1958 Annual Meeting, Ohio State Medical Association, Cincinnati, April 15-17.

American Medical Association, Annual Session, San Francisco, June 23-27.

American College of Surgeons, Sectional Meeting, New York City, March 3-6.

American College of Surgeons, Course in Fractures and Other Trauma, Chicago, April 16-19.

Amercan Trudeau Society, 53rd Annual Meeting, Philadelphia, Pa., May 19-22; concurrent with meetings of the National Tuberculosis Association.

Frank E. Bunts Educational Institute, Cleveland Clinic, Course for General Practitioners, February 12-13.

Fifth International Congress of Internal Medicine, Philadelphia, Pa., April 24-26.

Northern Tri-State Medical Association, Annual Meeting, May 8, South Bend, Ind.

Ohio Academy of History of Medicine, Taft Museum, Cincinnati, April 26.

Ohio State Heart Association, 1958 Annual Meeting, April 14, Cincinnati.

Pan American Medical Women's Alliance, Sixth Biennial Congress, Hotel McAllister, Miami, Fla., April 14-17.

Symposium on Neurological Problems for General Physicians, Netherland - Hilton Hotel, Cincinnati, February 23.

Veterans Administration Clinical Conferences, Weekly on Wednesdays, 8:00 to 9:00 a. m., Cuyahoga Bldg., Cleveland.

West Virginia State Medical Association, Annual Meeting, White Sulphur Springs, W. Va., August 21-23.

Dr. Charles E. Raven, personal chaplain to Queen Elizabeth of England and recent vice-chancellor of Cambridge University, has accepted an appointment as the University of Cincinnati College of Medicine's first visiting professor of the philosophy of science. The British scientist, theologian, and scholar will arrive in Cincinnati in March. He will present a series of public lectures on the contributions of medicine to the philosophy of science.

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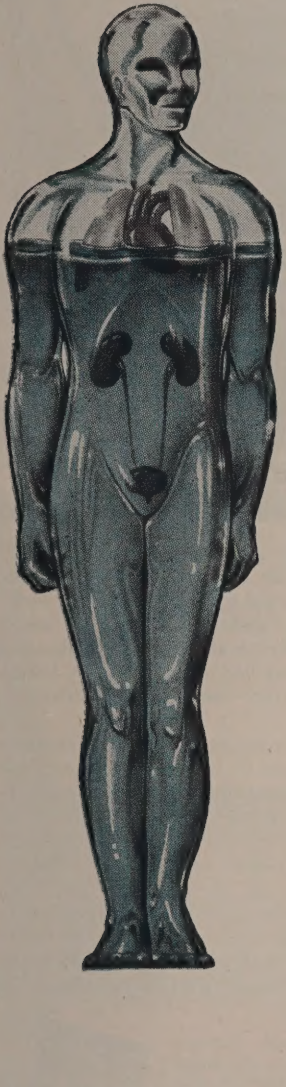

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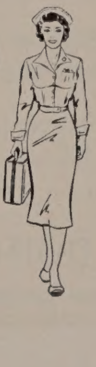

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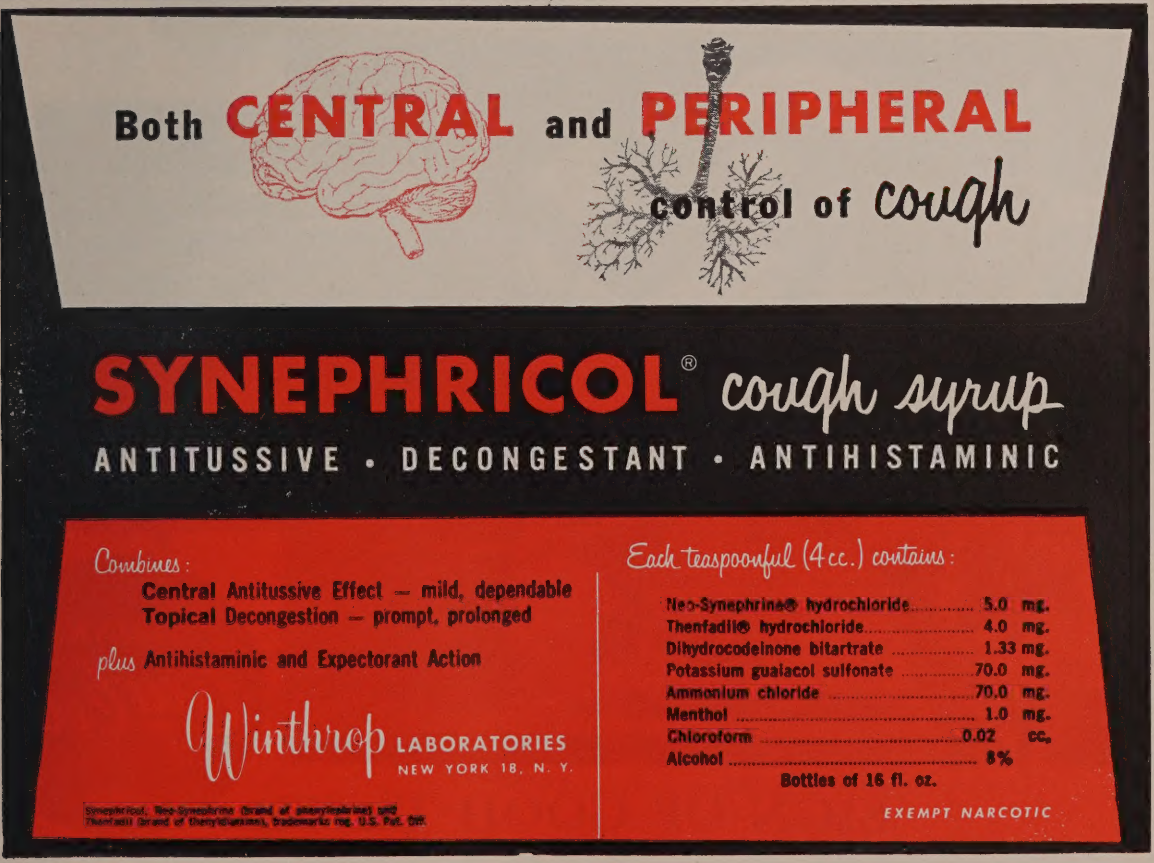

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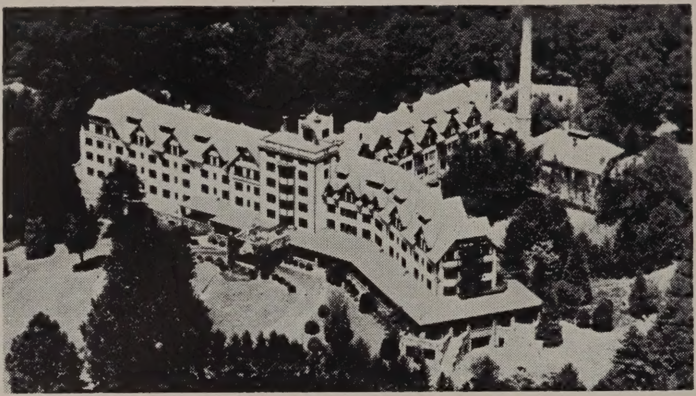

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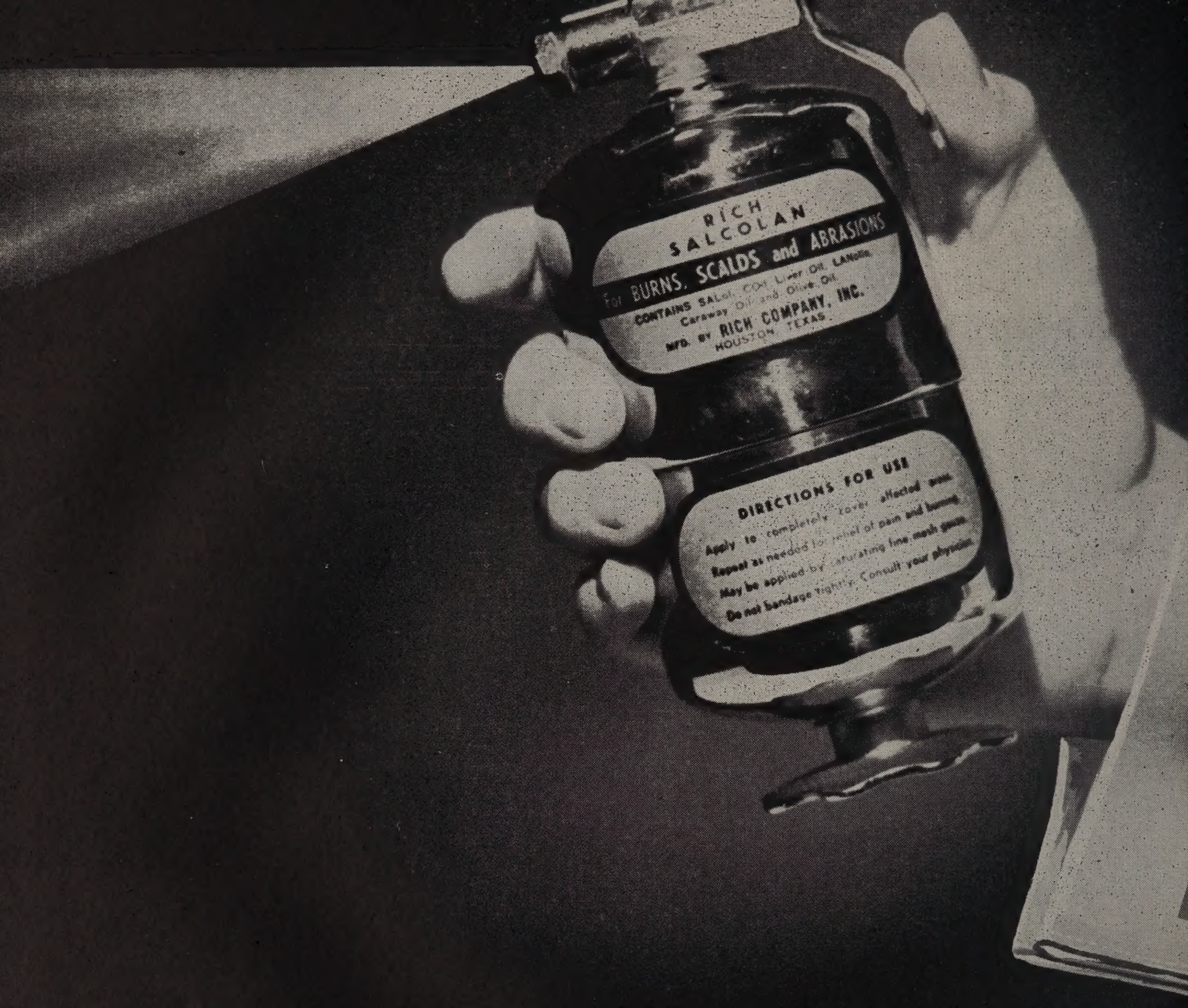

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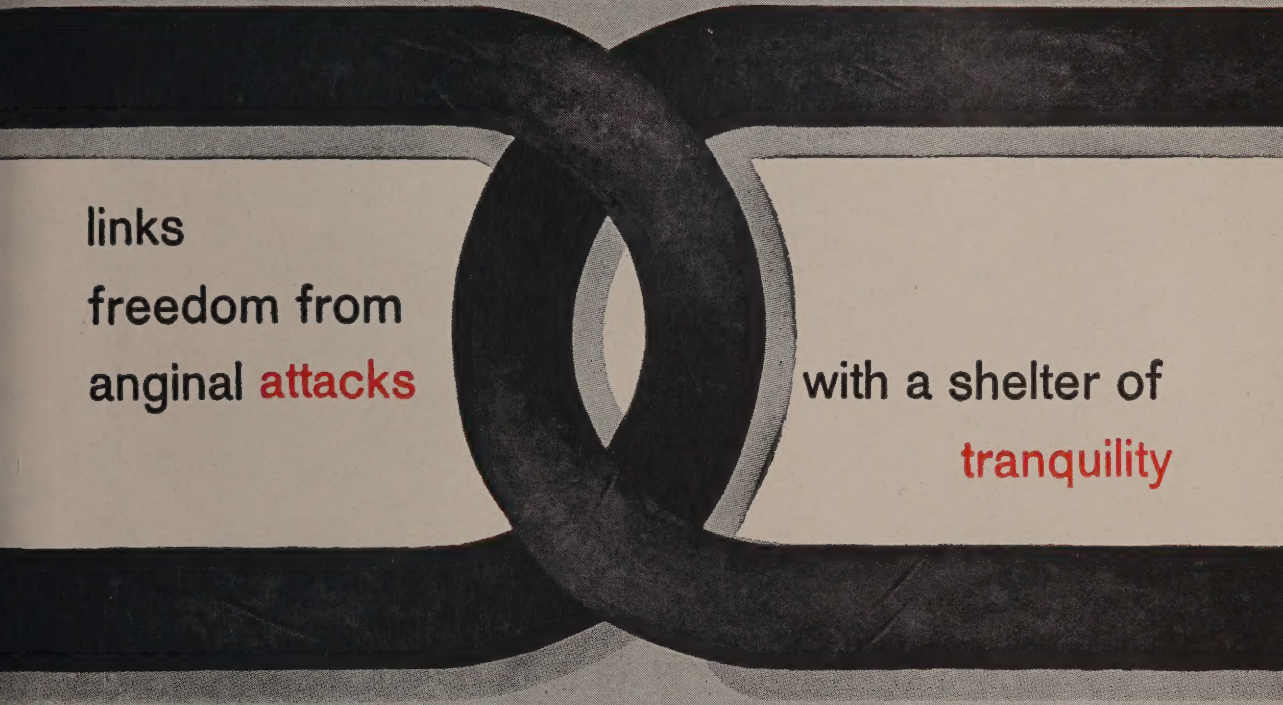

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[1] Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. *8*:1075 (July) 1957.

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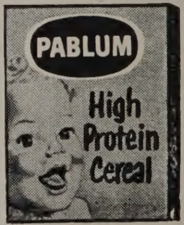
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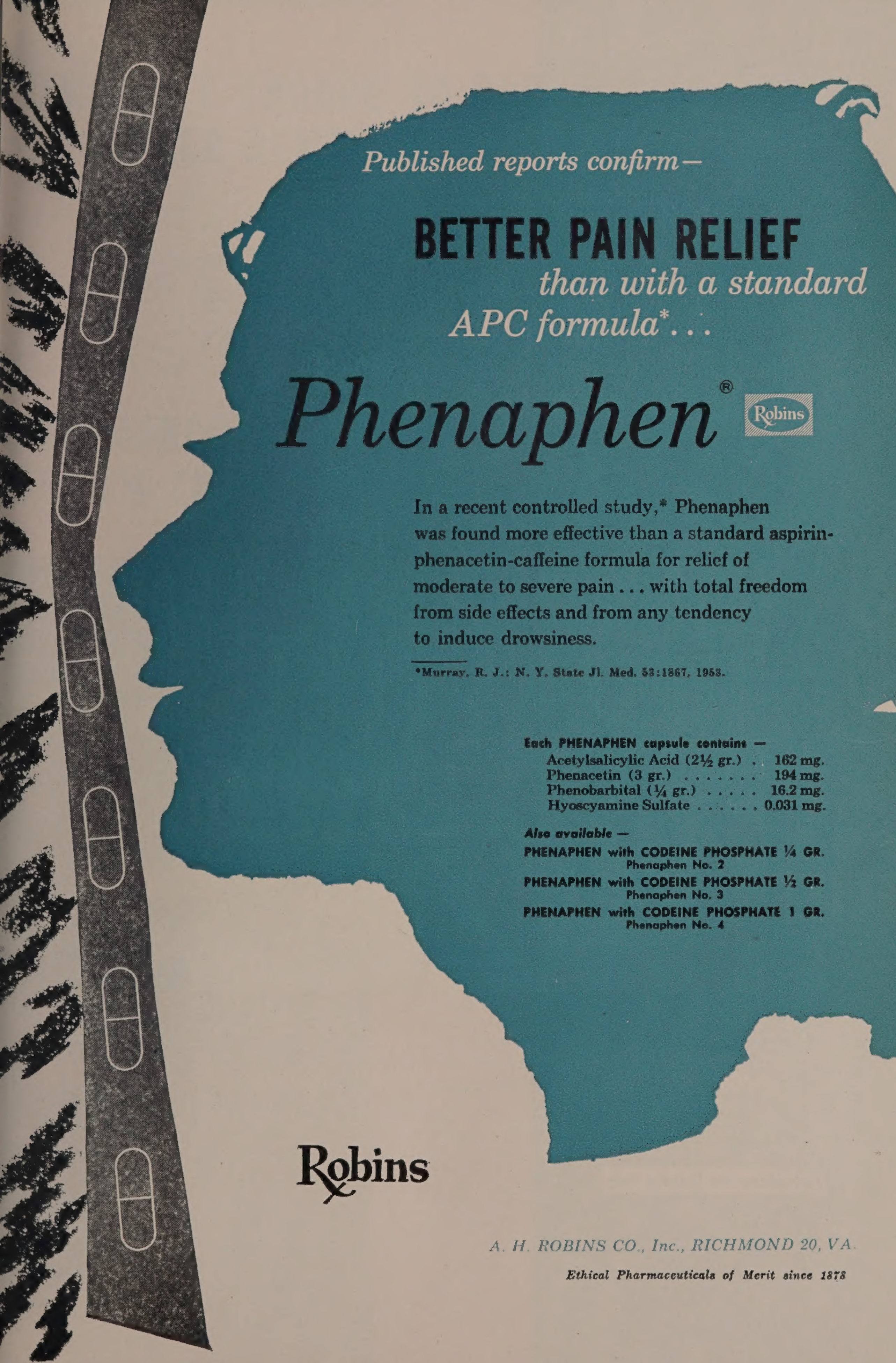

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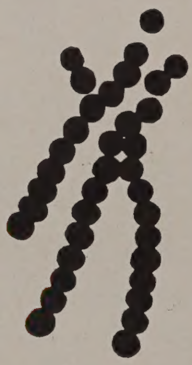

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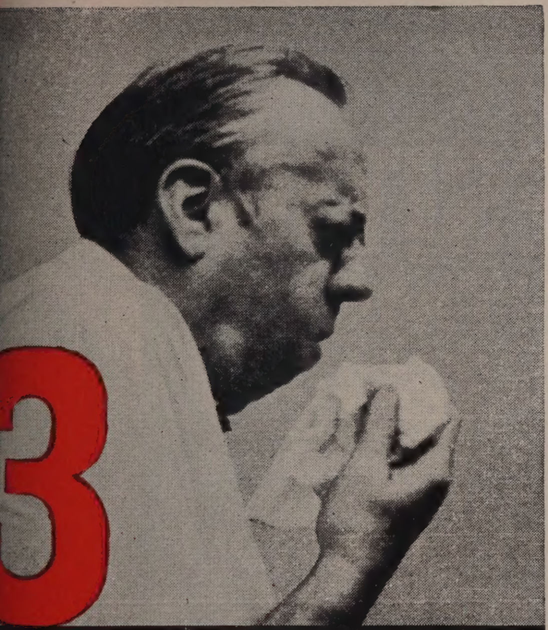

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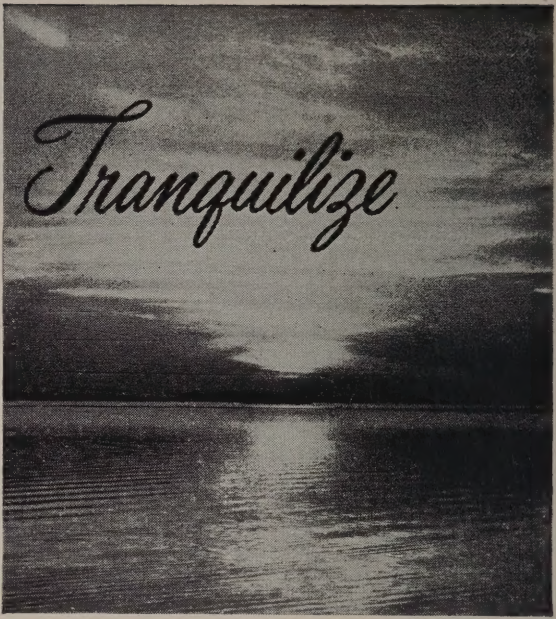

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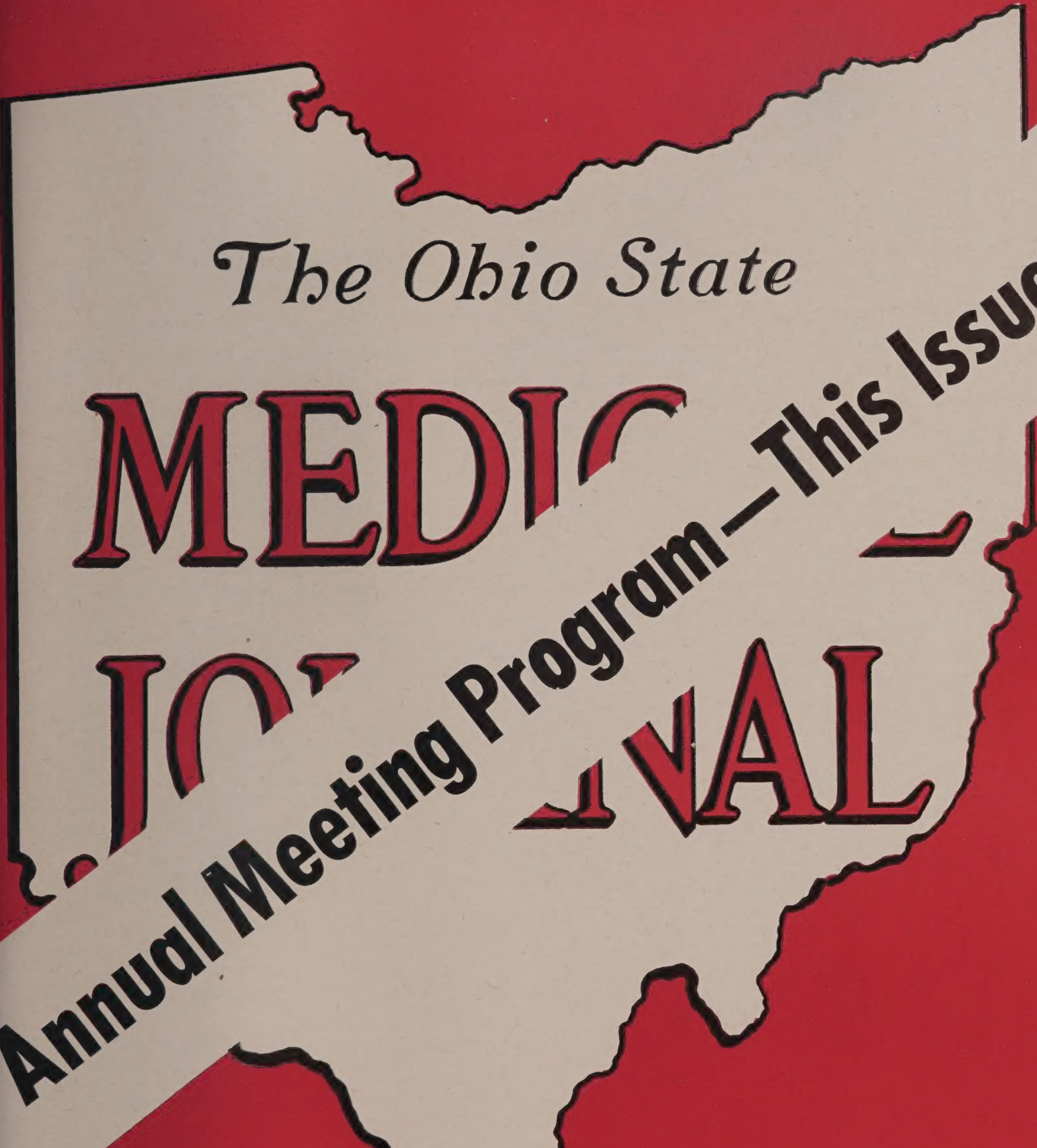

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Annual Meeting Program—This Issue

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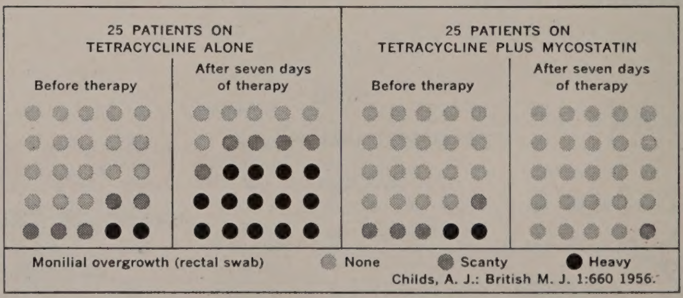

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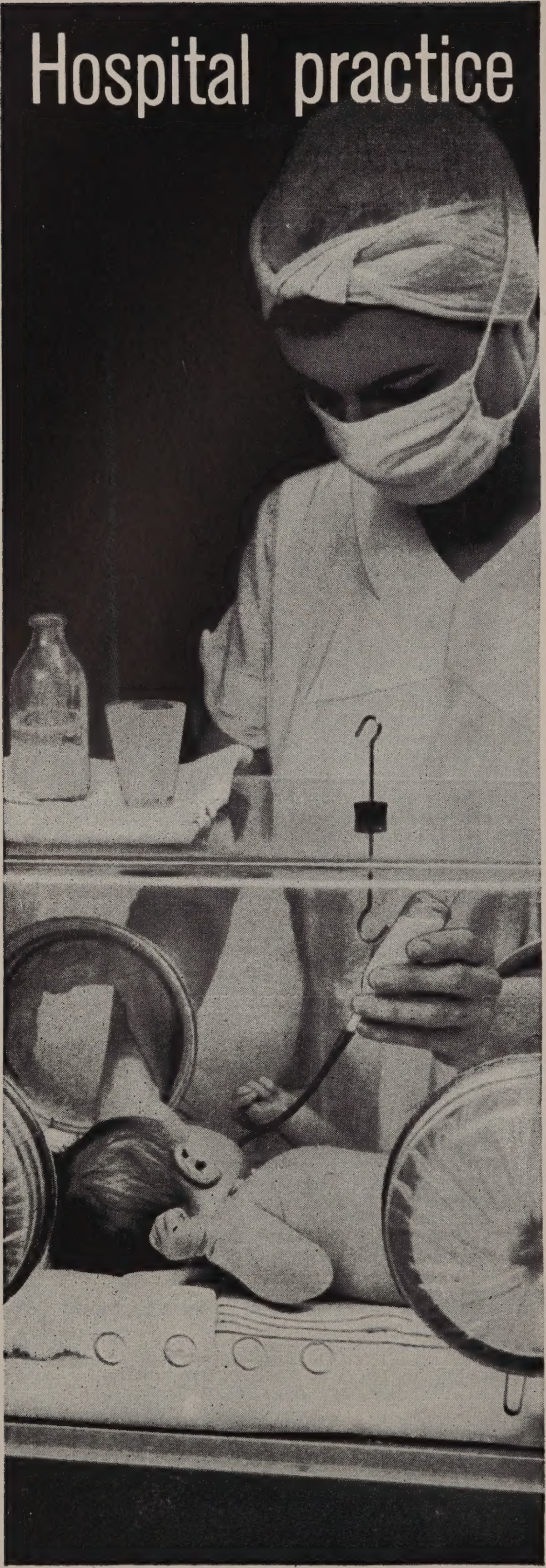
Hospital practice of infant feeding



Standard formulas for PREMATURES

Breast milk is satisfactory for the feeding of prematures in spite of the low protein and mineral and high fat content. But eventual formula feeding should provide a high protein and carbohydrate to satisfy the rapid-growing needs of the premature and low fat content because of limited digestive capacity.

Feedings of small prematures are most effectively administered by the indwelling polythene nasal catheter and of large prematures, by bottle with small nipples.

The first six feedings should be a sterile 5% solution of Karo Syrup at 2 to 3 hour intervals; for subsequent feedings, breast milk or formula should be added in gradually increasing amounts according to tolerance and requirements, as indicated in the table below.

Initial feeding schedules for premature infants

(Feedings Started After 36 Hours and Continued at 2 to 3 Hour Intervals)

FEEDINGS	COMPOSITION	QUANTITY
First Six	5% Karo	2-5 ml.
7th and 8th	2 parts 5% Karo 1 part breast milk or formula	6-10 ml.
9th and 10th	1 part 5% Karo 1 part breast milk or formula	8-15 ml.
11th and 12th	1 part 5% Karo 2 parts breast milk or formula	10-18 ml.
Subsequently	Breast or formula feeding	12-20 ml.

ADVANTAGES OF KARO® IN INFANT FEEDING

Composition: Karo is a superior maltose-dextrin mixture because the dextrins are non-fermentable and the maltose is rapidly transformed into dextrose which requires no further digestion.

Concentration: Volume for volume Karo furnishes twice as many calories as similar milk modifiers in powdered form.

Purity: Karo is processed at sterilizing temperatures, sealed for complete hygienic protection and devoid of pathogenic organisms.

Low Cost: Karo costs 1/5th as much as expensive milk modifiers and is available at all food stores.

Medical Division
CORN PRODUCTS REFINING COMPANY
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SEARLE *announces...*

a superior psychochemical
for the management of both
minor and major
emotional disturbances

Dartal

T. M.

dihydrochloride

brand of thiopropazate dihydrochloride

- **more effective than most potent tranquilizers**
- **as well tolerated as the milder agents**
- **consistent in effects as few tranquilizers are**

Dartal is a unique development of Searle Research, proved under everyday conditions of office practice

It is a single chemical substance, thoroughly tested and found particularly suited in the management of a wide range of conditions including psychotic, psychoneurotic and psychosomatic disturbances.

Dartal is useful whenever the physician wants to ameliorate psychic agitation, whether it is basic or secondary to a systemic condition.

In extensive clinical trial Dartal caused no dangerous toxic reactions. Drowsiness and dizziness were the principal side effects reported by non-psychotic patients, but in almost all instances these were mild and caused no problem.

Specifically, the usefulness of Dartal has been established in psychoneuroses with emotional hyperactivity, in diseases with strong psychic overtones such as ulcerative colitis, peptic ulcer and in certain frank and senile psychoses.

Usual Dosage
- In psychoneuroses with anxiety and tension states *one 5 mg. tablet t.i.d.*
- In psychotic conditions *one 10 mg. tablet t.i.d.*

NEW "Single-R

for u

- Symptomatic relief of aches, pains, fever, coryza, and rhinorrhea associated with upper respiratory tract infections.
- Prevention of secondary pyogenic infections due to tetracycline-sensitive organisms — which often follow viral infections of the upper respiratory tract.

Bristol LABORATORIES INC. · SYRACUSE, NEW YORK

EDICATION

“flu,” “grippe,” “virus” and the common cold

Tetrex®-APC

with BRISTAMIN®

TETRACYCLINE PHOSPHATE COMPLEX WITH PHENYLTOLOXAMINE AND APC

Each TETREX-APC WITH BRISTAMIN Capsule contains:

A broad-spectrum antibiotic

TETREX (tetracycline phosphate complex) (tetracycline HCl activity)	125 mg.

An established analgesic-antipyretic combination

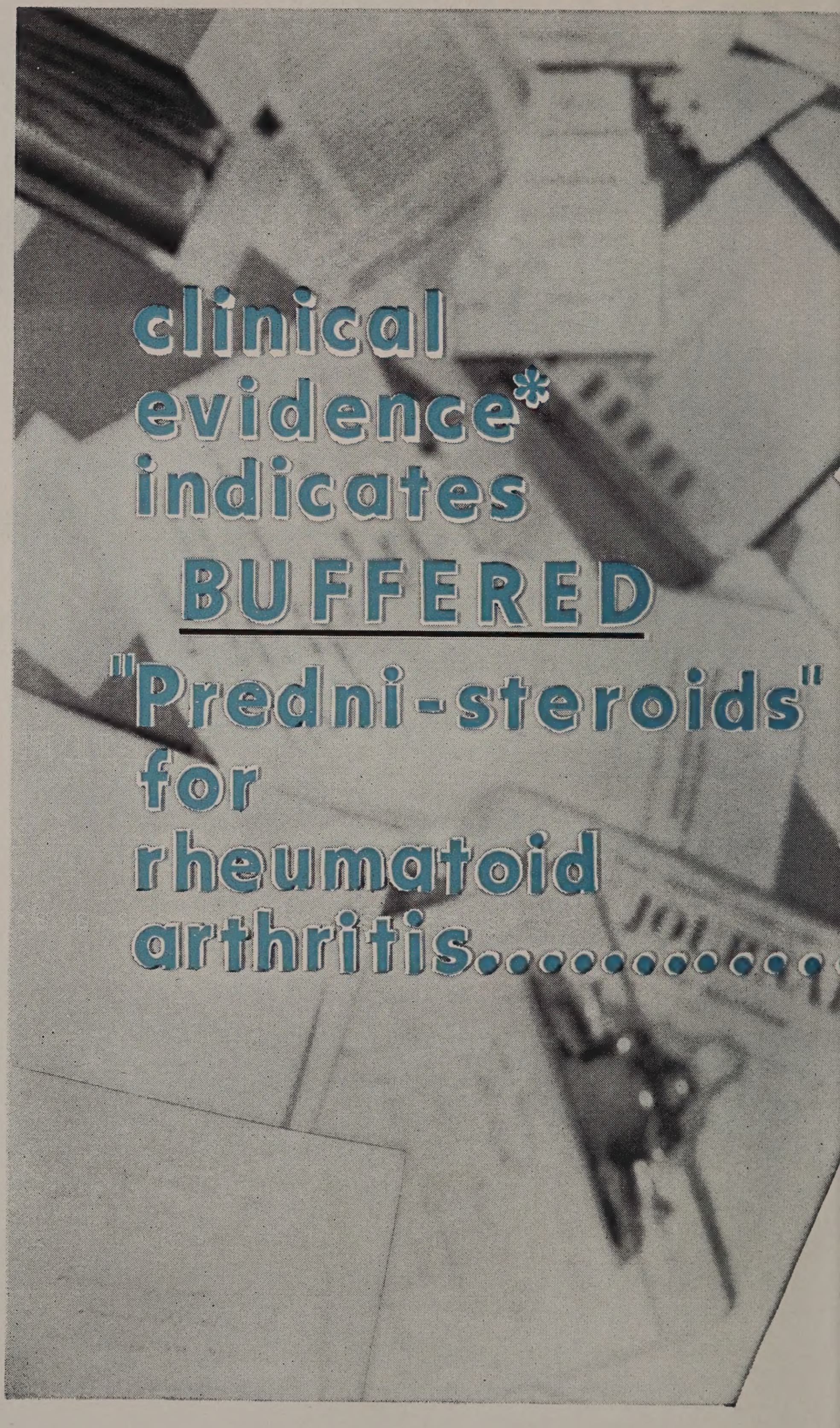
Aspirin	150 mg.
Phenacetin	120 mg.
Caffeine	30 mg.

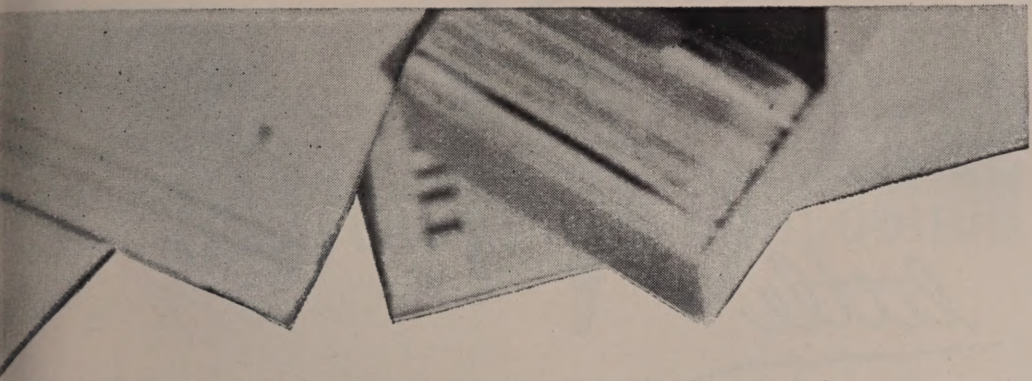
A dependable antihistamine

BRISTAMIN (phenyltoloxamine, Bristol)	25 mg.

Dosage: *Adults:* 2 capsules at onset of symptoms, followed by 2 capsules 3 or 4 times a day for 3 to 5 days. *Children, 6 to 12 yrs.:* One-half adult dose.

Supplied: Bottles of 24 and 100 capsules.


clinical
evidence*
indicates
BUFFERED
"Predni-steroids"
for
rheumatoid
arthritis..........



Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem — well documented in a growing body of literature.

:"In view of the beneficial re-
onses observed when antacids
d bland diets were used concom-
ntly with prednisone and predni-
lone, we feel that these measures
ould be employed prophylacti-
ly to offset any gastrointestinal
le effects."—Dordick, J. R. *et al.*:
Y. State J. Med. 57:2049 (June
) 1957.

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: J. Kentucky State M. A. 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: J. A. M. A. 158:459 (June 11) 1955.

One way to make sure that patients receive full benefits of "predni-steroid" therapy plus positive protection against gastric distress is by prescribing CO-DELTRA or CO-HYDELTRA.

Co-Deltra®
PREDNISONE BUFFERED

provide all the benefits of "Predni-steroid" therapy— plus positive antacid protection against gastric distress

nultiple compressed tablets

Co-Hydeltra®
PREDNISOLONE BUFFERED

2.5 mg. or 5.0 mg. of prednisone or prednisolone, plus 300 mg. of dried aluminum hydroxide gel and 50 mg. magnesium trisilicate, in bottles of 30, 100, 500.

MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa. MSD

How to win *little* friends . . .

CHILDREN'S SIZE
BAYER
ASPIRIN
48 TABLETS
25¢
FLAVORED
Children's Size
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BAYER
Genuine
48 TABLETS
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NOW!
1¼ GR. SIZE
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The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

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STOP respiratory congestion orally

relief in minutes . . lasts for hours

In the common cold, nasal allergies, sinusitis, and postnasal drip, one timed-release Triaminic tablet brings welcome relief of symptoms *in minutes.* Running noses stop, clogged noses open—and *stay* open for 6 to 8 hours. The patient can breathe again.

With *topical* decongestants, "unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . ."* The patient then must reapply the medication and the vicious cycle is repeated, resulting in local overtreatment, pathological changes in nasal mucosa, and frequently "nose drop addiction."

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent nasal pathology.

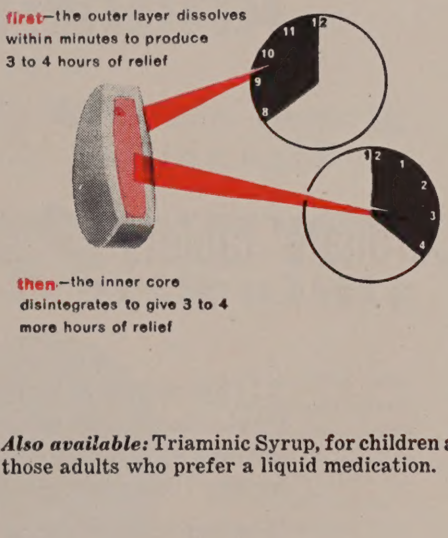
*Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

Each double-dose "timed-release" TRIAMINIC *Tablet contains:*

Phenylpropanolamine hydrochloride	50 mg.
Pyrilamine maleate	25 mg.
Pheniramine maleate	25 mg.

Dosage: 1 tablet in the morning, afternoon, and in the evening if needed.

Each double-dose "timed-release" tablet keeps nasal passages clear for 6 to 8 hours—provides "around-the-clock" freedom from congestion on just three tablets a day



first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then—the inner core disintegrates to give 3 to 4 more hours of relief

Also available: Triaminic Syrup, for children and those adults who prefer a liquid medication.

Triaminic®

"timed-release" tablets

STOP *running noses . . . and open stuffed noses orally*

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

NOW...A NEW TREATMENT

'CARDILATE'*

for THE PROPHYLAXIS OF ANGINA PECTORIS

'Cardilate' tablets shaped for easy retention in the buccal pouch

"... the degree of increase in exercise tolerance which sublingual erythrol tetranitrate permits, approximates that of nitroglycerin, amyl nitrite and octyl nitrite more closely than does any other of the approximately 100 preparations tested to date in this laboratory."

"Furthermore, the duration of this beneficial action is prolonged sufficiently to make this method of treatment of practical clinical value."

Riseman, J. E. F., Altman, G. E., and Koretsky, S.:
Nitroglycerin and Other Nitrites in the Treatment of
Angina Pectoris, Circulation (Jan.) 1958.

* 'Cardilate' brand Erythrol Tetranitrate SUBLINGUAL TABLETS, 15 mg. scored

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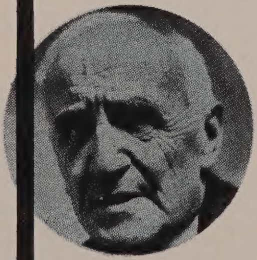
magnocyl TM a non-ionic* wetting agent

to relieve . . . and thereafter **prevent** . . . fecal dehydration in:

pregnancy

magnocyl is effective in reducing danger from straining during defecation throughout the pregnancy period. One capsule daily is usually sufficient to maintain softness of stool for easy elimination without laxation.

diverticulitis



Except in severe cases, one **magnocyl** capsule t.i.d. for the first week, then one capsule daily thereafter will soften fecal matter—clear intestinal tract of fecal obstruction and gaseous distention.

* The active ingredient in **magnocyl** is not precipitated by chemical combinations in the digestive process—retains wetting effect under all conditions.

magnocyl capsule contains polymer of ethylene oxide and propylene oxide—250 mg.

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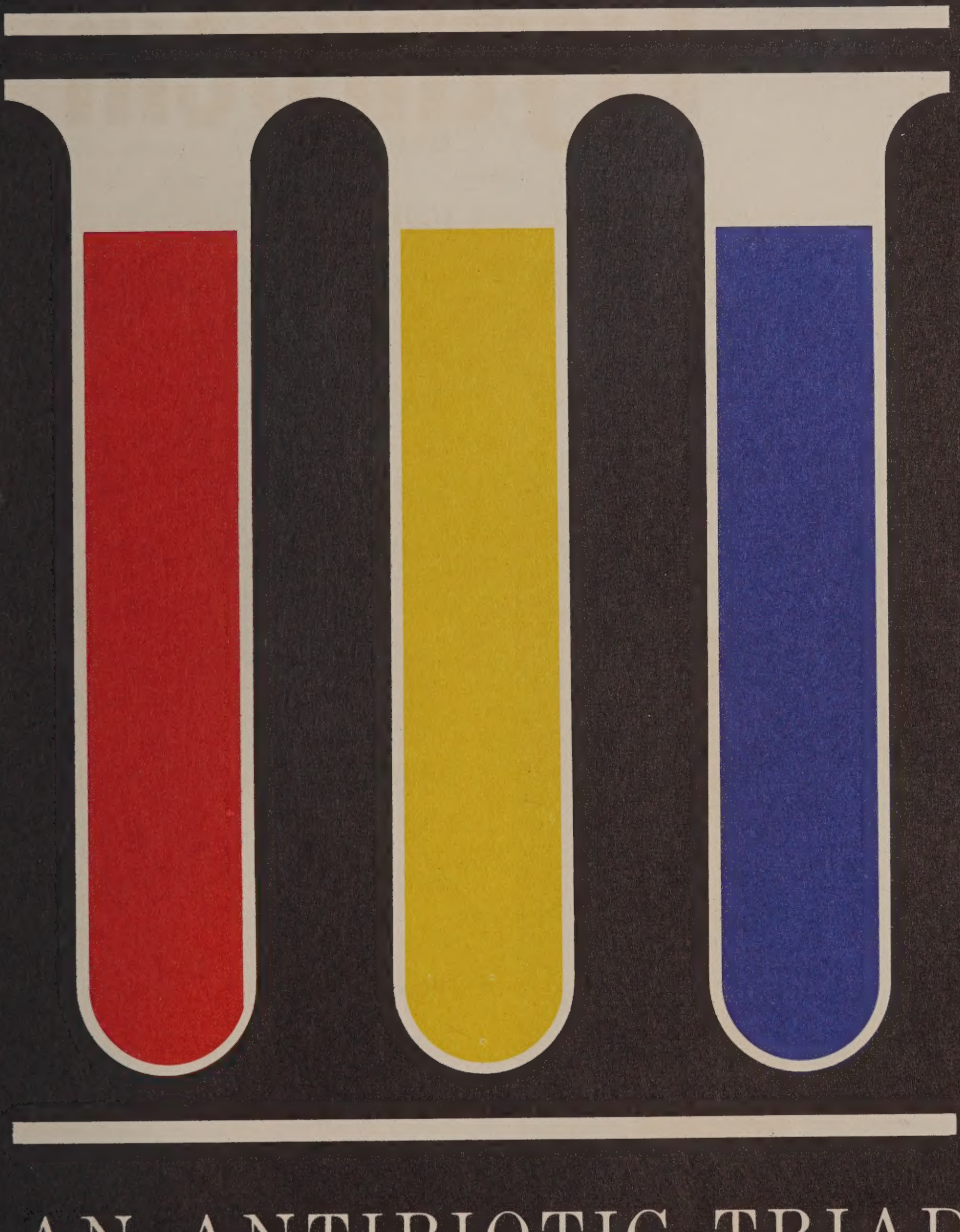

AN ANTIBIOTIC TRIAD
—FOR THE CONTROL OF
ALL COCCAL INFECTIONS

FILMTAB®

Erythrocin®

STEARATE (Erythromycin Stearate, Abbott)

against staph-, strep- and pneumococci

Indications

ERYTHROCIN is indicated in treating infections caused by staphylococci, streptococci (including enterococci), and pneumococci. Indicated also, in treating infections that have become resistant to other antibiotics. May be used for patients who are allergic to penicillin or other antibacterials.

Dosage

Usually administered in a total daily dose of 1 to 2 Gm., depending on severity of infection. Suggested dose is 250 mg. every six hours; for severe infections, usual dose is 500 mg. every six hours.

Supplied

In bottles of 25 and 100 *Filmtabs* (100 and 250 mg.). Also, in tasty, cinnamon-flavored oral suspension, in 75-cc. bottles. Each 5-cc. teaspoonful represents 100 mg. of ERYTHROCIN activity.

®Filmtab—Film-sealed tablets, Abbott; pat. applied for.

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REMARKABLE EFFECTIVENESS PLUS A SAFETY RECORD UNMATCHED IN SYSTEMIC ANTIBIOTIC THERAPY TODAY

Actually, after almost six years of extensive use, there has not been a single report of a serious reaction to ERYTHROCIN. And, after all this time, the incidence of resistance to ERYTHROCIN has remained exceptionally low.

You'll find ERYTHROCIN is highly effective against the majority of coccal infections and may also be used to counteract complications from severe viral attacks. It comes in *Filmtabs* and in Oral Suspension.

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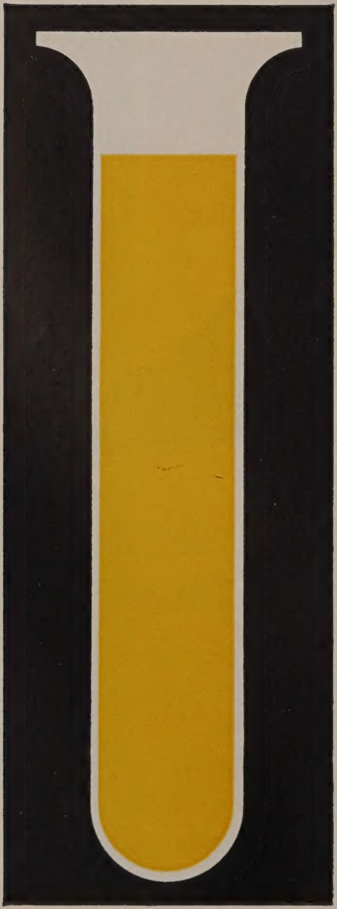
Compocillin-V®

for those penicillin-sensitive organisms



Indications

Against all penicillin-sensitive organisms. For prophylaxis and treatment of complications in viral conditions. And as a prophylaxis in rheumatic fever and in rheumatic heart disease.

Dosage

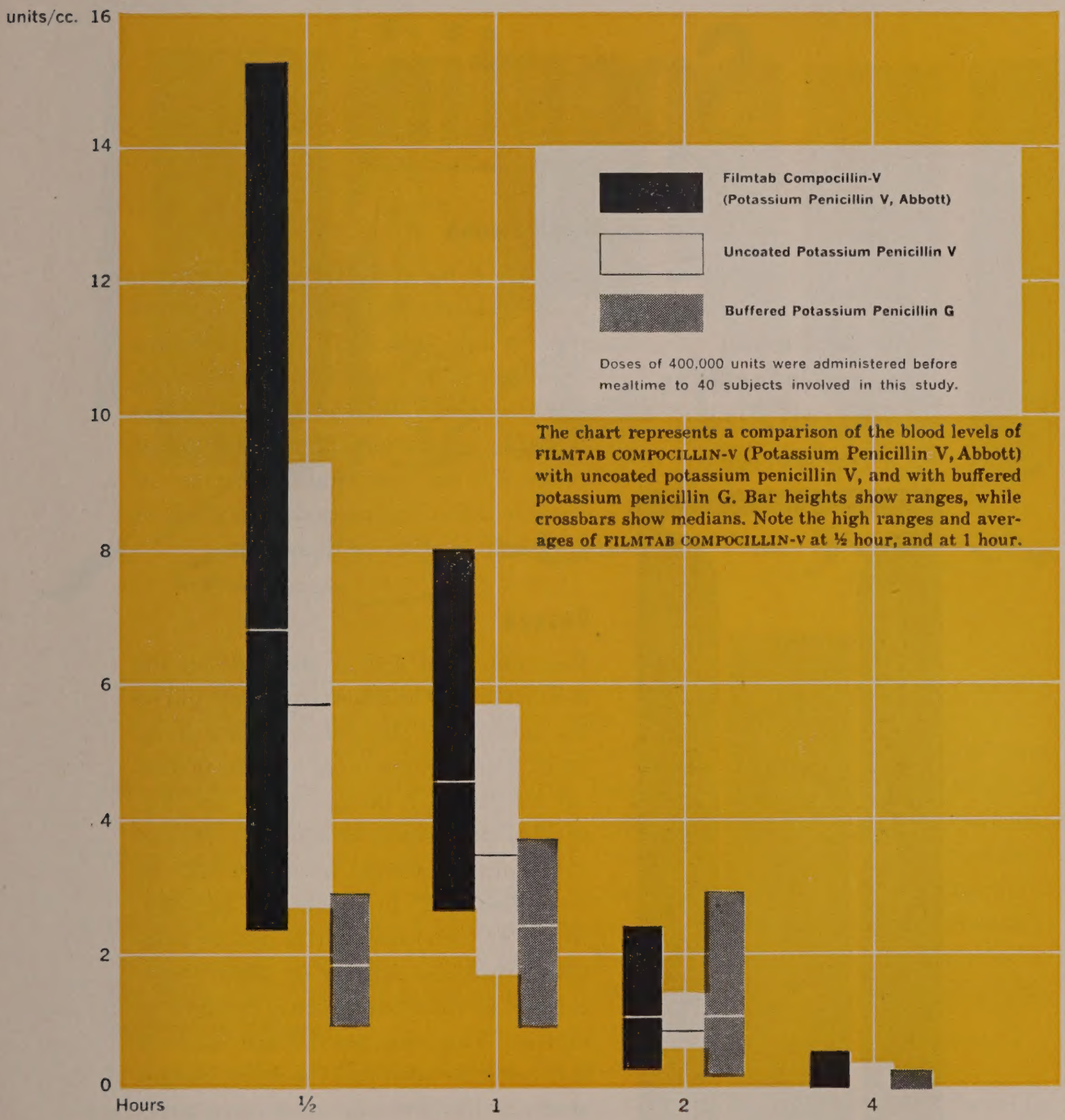
Depending on the severity of the infection, 125 to 250 mg. (200,000 to 400,000 units) every four to six hours. For children, dosage is determined by age and weight.

Supplied

Filmtabs COMPOCILLIN-V (Potassium Penicillin V, Abbott) come in 125 mg. (200,000 units), bottles of 50; and in 250 mg. (400,000 units), bottles of 25. Oral Suspension COMPOCILLIN-V (Hydrabamine Penicillin V, Abbott), contains 180 mg. per 5-cc. teaspoonful, in 40-cc. and 80-cc. bottles.

802071

THE HIGHER BLOOD LEVELS OF COMPOCILLIN-V —IN EASY-TO-SWALLOW FILMTABS AND TASTY, ORAL SUSPENSION



Doses of 400,000 units were administered before mealtime to 40 subjects involved in this study.

The chart represents a comparison of the blood levels of FILMTAB COMPOCILLIN-V (Potassium Penicillin V, Abbott) with uncoated potassium penicillin V, and with buffered potassium penicillin G. Bar heights show ranges, while crossbars show medians. Note the high ranges and averages of FILMTAB COMPOCILLIN-V at ½ hour, and at 1 hour.

Now, with *Filmtab* COMPOCILLIN-V, patients get (and within minutes) fast, high penicillin concentrations. Note the blood level chart.

COMPOCILLIN-V is indicated whenever penicillin therapy is desired. It comes in two highly-acceptable forms. *Filmtab* COMPOCILLIN-V offers two therapeutic dosages (125 and 250 mg.). Patients find *Filmtabs* tasteless, odorless and easy-to-swallow. For children, COMPOCILLIN-V comes in a tasty, banana-flavored suspension. It's ready-mixed — stays stable for at least 18 months.

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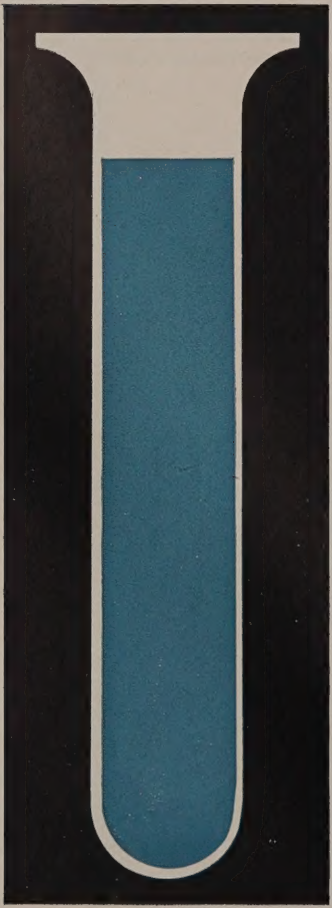
Spontin®

(Ristocetin, Abbott)

and when coccal infections hospitalize the patient



Indications

SPONTIN is indicated for treating gram-positive bacterial infections. Clinical reports have indicated its effectiveness against a wide range of staphylococcal, streptococcal and pneumococcal infections. It can be considered a drug of choice for the immediate treatment of serious infections caused by organisms resistant to other antibiotics.

Dosage

Recommended dosage depends on the sensitivity of the microorganism and on the severity of the disease under treatment. For pneumococcal and streptococcal infections, a dosage of 25 mg./Kg. per day will usually be adequate. Majority of staphylococcal infections will be controlled by 25 to 50 mg./Kg. per day. However, in endocarditis due to relatively resistant strains or where vegetations or abscesses occur, dosages as high as 75 mg./Kg. per day may be used. It is recommended that the daily dosages be divided into two or three equal parts at eight- or twelve-hour intervals.

Supplied

SPONTIN is supplied as a sterile, lyophilized powder, in vials representing 500 mg. of ristocetin activity.

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A LIFESAVING ANTIBIOTIC AFTER OTHER ANTIBIOTICS HAD FAILED

SPONTIN comes to the medical profession with a clinical history of dramatic results – cases where the patients were given little chance of survival.

During these careful, clinical investigations, lives were saved after weeks (and sometimes months) of antibiotic failures. These were the cases where the infecting organisms had become resistant to present-day therapy. And, just as important, were the good results found against a wide range of gram-positive coccal infections.

Essentially, SPONTIN is a drug for hospital use, for patients with potentially dangerous infections. In its present form, SPONTIN is administered intravenously using the drip technique. Dosage may be dissolved in 5% dextrose in water or in any isotonic or hypotonic saline solution. Some of the important therapeutic points of SPONTIN include:

1. successful short-term therapy for acute or subacute endocarditis
2. new antimicrobial activity – no natural resistance to SPONTIN was found in tests involving hundreds of coccal strains
3. antimicrobial action against which resistance is rare – and extremely difficult to induce
4. bactericidal action at effective therapeutic dosages.

SPONTIN is truly a lifesaving antibiotic. It could save the life of one of your patients – does your hospital have it stocked?

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The Physician's Bookshelf

By JONATHAN FORMAN, M. D.

Obstetric Practice, by Harold Speert, M. D., and A. F. Guttmacher, M. D. ($7.00. *Landsberger Medical Books Inc.;* distributed by *Blakiston Div., McGraw-Hill Book Co., New York 36, N. Y.)* This is the fourth volume in the series of Handbooks for the General Practitioner.

Police Drugs, by Jean Rolin, translated by L. J. Bendit, M. D. ($4.75. *Philosophical Library, New York 16, N. Y.)* Based upon a notorious post-liberation trial in France in which "truth-drugs" were grossly misused. The author considers it illustrates all the dangers involved in extracting confessions by the use of drugs.

Clinical Roentgenology; Volume IV: The Digestive Tract, The Gall Bladder, Liver, Pancreas and Excretory Tract, by A. A. DeLorimier, M. D., H. G. Moehring, M. D., and John Hannan, M. D. ($24.50, *C. C. Thomas Publisher, Springfield, Ill.)* This volume contains 764 pages with 1112 illustrations and has its own index. It is well printed with its illustrations in the same tone as the original negatives with emphasis upon practical aids and differential diagnosis.

Scientific Hypnotism, by Ralph B. Winn, Ph. D. ($2.00, paper. *Wilshire Book Co., 8721 Sunset Blvd., Los Angeles 46, Calif.)* The author, a professional hypnotist as well as a professor of psychology, attempts to arouse our interest in hypnotism as the greatest power yet known for influencing the human mind. Using the mass of knowledge and the theories behind it, this pioneer scientist predicts its increasing use in medicine, psychology and education.

Science and Surgery, by Frank G. Slaughter, M. D. (35 cents. *Perma Books, New York 20, New York.)* A pocket edition by this noted writer and surgeon telling how the surgical wonders are performed that bring life and health to modern man.

Year Book of Obstetrics and Gynecology, 1956-57, edited by J. P. Greenhill, M. D. ($6.75. *The Year Book Publishers, Inc., Chicago 11, Ill.)* A complete summary of the year's literature with comments by its wise old editor on the important developments.

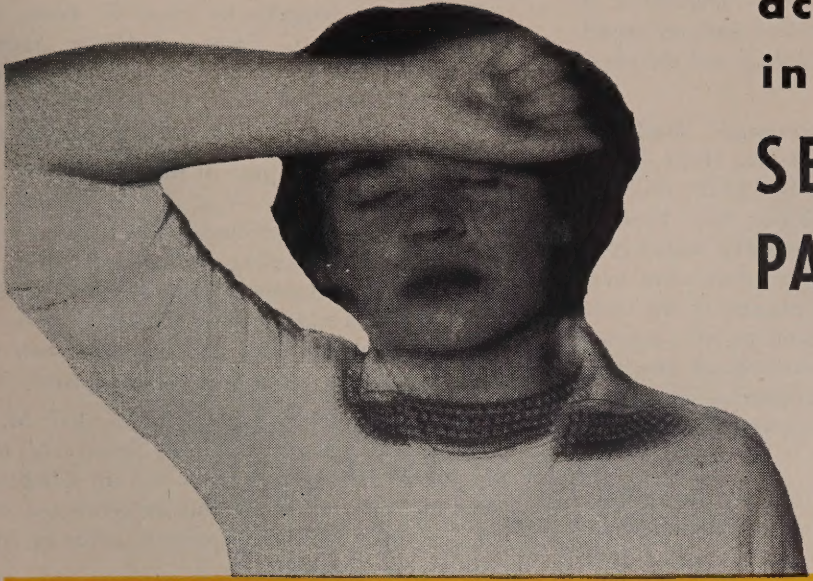
Enzyme, Antigen and Virus: A Study of Micromolecular Patterns in Action, by Sir Macfarlane Burnet. ($3.50. *Cambridge University Press, New York 22, N. Y.)* One of the central problems of the present-day biology is that of protein synthesis; not so much from the purely chemical angle as in terms of the process by which functional significance is conferred upon the molecule. Enzymes, antibodies and viruses are or contain protein molecules of highly specific functional activity, easily demonstrable by appropriate biological tests, but not as yet expressable in chemical terms. In this monograph the author attempts to find common factors in what is known about the production of adaptive enzymes, the stimulation of antibody production by antigen and the intercellular multiplication of influenza and other viruses.

The Doctor's Widow: A Story of a Good Neighbor, by William M. Queen. ($3.25. *Academy Library Guild, P. O. Box 54, Fresno, Calif.)* It is the story of Mother Luisa who was well known for her work in Los Angeles. Her wisdom is made manifest by the progress of her spiritual daughters in her native country in Mexico and in California.

Problems of Adolescents, by Harry Edelston, M.D. ($4.75. *Philosophical Library, New York 16, New York.)* This is the record of an experiment in sex education carried out among youth clubs during the last 15 years. The author, a psychiatrist and for many years director of the Bradford Child Guidance Clinic, has been closely associated with youth groups of various ages and denominations of faith. He shows himself to be a firm believer in the need for religious principles as the ultimate basis for moral behavior. The experiment devised by the author took the form of a general lecture given to a mixed audience of adolescents on the psycho-biology of sex. This served to provoke questions on personal problems and these were sent in anonymously in writing and were discussed at subsequent meetings by the author and audience. They showed with astonishing clarity the many vivid and sometimes unexpected problems facing the modern adolescent.

Clinical Psychology, by Richard W. Wallen, Ph. D. ($6.00. *McGraw-Hill Book Co., New York 36, N. Y.)* This is a study of persons, illustrated with interesting case histories. It has been written by an Associate Professor in the Western Reserve University. Stress is laid on using many different kinds of information about persons in a creative way.

Biochemical Aspect of Fertilization, by Lord Rothschild, Sc. D. ($3.50. *John Wiley & Sons, New York 16, N. Y.)* The subject is the life of



For *morphine-like* action in relief of SEVERE PAIN . . .

NARTATE

(G. F. Harvey Company Brand of Dipyrone)

NON-NARCOTIC ANALGESIC-ANTIPYRETIC

Dramatically effective in relieving pain and fever, NARTATE "approaches the ideal analgesic for office use."* Its action is prompt and prolonged, it does not produce sedation or narcosis, and it is not habit forming. It is well-tolerated and economical for long-term medication.

INDICATIONS:

Arthritic and rheumatic pain, carditis, herpes zoster, postoperative pain, angina pectoris, coronary thrombosis, renal and biliary colic, traumatic pain, bursitis, backache, and headache of varied etiology. CAUTION: Should not be used in presence of anemia.

DOSAGE:

PARENTERAL — for rapid relief, 5 cc. intravenously.

ORAL — 1 tablet t.i.d. or q.i.d.

SUPPLIED:

VIALS, 10 cc. and 30 cc. TABLETS, bottles of 100 and 1000.

*Joseph, Morris: Effective Analgesia Without Sedation or Narcosis, Clinical Medicine, August 1957.

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the egg from the attachment of the fertilizing spermatozoon to the fusion or apposition of the male and female pronuclei. It is intended to be read after or along with standard texts on experimental cytology, general physiology and the physical chemistry of cells.

The Practice of Psychosomatic Medicine: As Illustrated in Allergy, by Hyman Miller, M. D., and Dorothy W. Baruch, Ph. D. ($5.00. *Blakiston Division, McGraw-Hill Book Co., New York 36, New York.)* This is an extremely controversial book among allergists who themselves often overemphasize the psyche at the expense of the soma. It represents, however, the thinking of a segment of the allergists and the students of psychosomatics and therefore is informative as well as marking a milestone in the history of one segment of medicine.

Physiological Studies of Infantrymen in Combat, by staff of the Department of Physiology and the office of Naval Research Unit No. 1, University of California, Berkeley, as well as the Worcester Foundation, The Naval Institute, Johns Hopkins, University of Illinois and the Research Laboratory for Arthritis at University of California. ($1.50. *University of California Press, Berkeley 4, California.)* Both the anticipation of combat and the acute combat itself were found to evoke a profound response of the adrenal cortex persisted for at least 12 hours after the experience. The effects of a prolonged combat period of several days, on the other hand, while similar in some respects to those of acute combat, appear to differ in others. When tested 10 days later, the men of prolonged combat had only partially recovered.

Guide to Medical Terminology, by Wallace and Ann Clark, medical editors. ($1.50. *F. A. Davis Co., Philadelphia 3, Pa.)* This book is designed to assist in the understanding of medical language. By listing in tabular form the prefixes, the suffixes, along with the word and its meaning, and the make-up, it makes the long words of our vocabulary seem simple and easy to understand.

Review of Medical Microbiology, by Ernest Jawetz, M. D., Joseph Melnick and Edward Adelberg. ($4.50, 2nd edition. *Lange Medical Publications, Los Altos, Calif.)* This review makes available a brief, adequate, up-to-date presentation of its aspects which are of particular significance in the fields of clinical infections and chemotherapy.

Chemosurgery in Cancer, Gangrene and Infections, by Frederic E. Mohs, M. D. ($13.00, *C. C. Thomas Publisher, Springfield, Ill.)* The book features a new method for the microscopically controlled excision of cancer with thoroughly documented statistics on the five year end results in a large series of cases.

Wire Brush Surgery, by James W. Burks, Jr., M. D. ($6.75, *C. C. Thomas Publisher, Springfield, Ill.)* This is the first modern monograph on the new techniques for cosmetic improvement of the scars of acne and other skin disfigurements.

Anesthesia for Surgery of the Heart, by K. K. Keown, M. D. ($3.75, *C. C. Thomas Publisher, Springfield, Ill.)* This monograph is based upon ten years practice dealing with patients prior to, during and immediately after surgery on the heart in one of the world's leading Cardiac Centers. It is a ready reference for all concerned with the selection and management of these patients.

Neurological Nursing, by John Marshall, M. D. ($3.75, *C. C. Thomas Publisher, Springfield, Ill.)* This book has been written by an Edinburgh Neurologist for all those who are concerned with the final management of patients suffering from neurological diseases.

The Physiological Foundation of Dental Practice, by L. L. Langley, Ph. D., and E. Cheraskin, M. D., D. M. D. ($9.75, 2nd edition, *C. V. Mosby Co., St. Louis, Mo.)* This book is an earnest experiment in teaching Physiology to dental students.

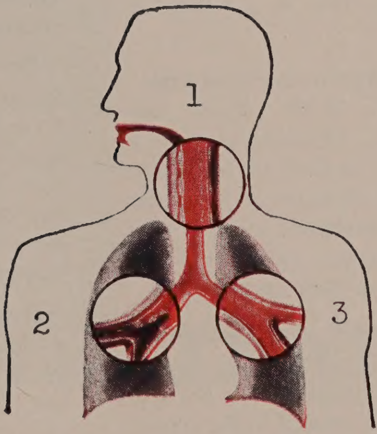
Sick Children, Diagnosis and Treatment, by Donald Paterson, M. D. ($8.75, 7th edition, *J. B. Lippincott Co., Philadelphia 5, Pa.)* This book has been completely revised since the last edition in 1949. This British-Canadian text has been thoroughly revised by Reginald Lightwood, M. D., of London, England.

Observations on Krebiozen in the Management of Cancer, by A. C. Ivy, M. D., John F. Pick, M. D., and W. F. P. Phillips, M. D. ($2.50. *Henry Regnery Company, Chicago 4, Ill.)* A great deal has been written about Dr. Ivy and Krebiozen but this is the first public report by him on the results of his investigation. It is an objective attempt at appraisal. All who have any interest in cancer will want to read this book very carefully.

Implementation of Clinical Instruction in Medical and Surgical Nursing, by Sister Constantia Clark, R. N., and A. D. Schweitzer, R. N. ($3.50, *Catholic University of American Press, Washington 17, D. C.)* This is the second proceedings of a workshop held at the University. Among those participating was Eileen Downing, Director of Nursing at Benjamin Franklin Hospital in Columbus, Ohio.

Clinical Unipolar Electrocardiography, by B. S. Lipman, M. D., and Edward Massie, M. D.

breaks up cough*



* Drawing shows how 3-pronged attack of Pyribenzamine Expectorant with Ephedrine breaks up cough by: (1) reducing histamine-induced congestion and irritation throughout the respiratory tract; (2) liquefying thick and tenacious mucus; (3) relaxing bronchioles. Pyribenzamine Expectorant with Codeine and Ephedrine also available (exempt narcotic). Pyribenzamine® citrate (tripelennamine citrate CIBA). **C I B A**

($7.50, 3rd edition, *Year Book Publishers, Chicago 11, Illinois)* The increasing interest in heart disease and the accompanying advancement in electrocardiography have created a need for a third edition of this well known text.

Progressive Practice in Dentistry, by Edward Samson. ($7.50, 3rd edition, *Philosophical Library, Inc., New York 16, N. Y.)* Of interest to all who would like to know more about dentistry as it is practiced privately and under national health service.

Urology and Industry, by L. P. Wershub, M. D. ($5.00, *C. C. Thomas Publisher, Springfield, Ill.)* The diagnosis and treatment of the diseases in this field are related by the author to the interpretation and administration of the laws governing the responsibility of employers for the ills and injuries of their employees. The book includes 100 selected cases pointing out the medical-legal problems in the field of Urology under the Workmen's Compensation Law.

Nerve Impulse, by David Nachmansohn, M. D., and Houston Merritt, M. D. ($4.50, *Josiah Macey Jr. Foundation, Packanack, New Jersey.)* This is the Proceedings of the Fifth Conference sponsored by this foundation upon this topic.

How to Overcome Colitis, by Joseph F. Montague, M. D. ($4.00, *Citadel Press, New York 3, New York.)* This well known author on constipation and large bowel behavior gives here an intimate and sympathetic presentation and facts that a patient should have who is a victim of colical disorders.

Clinical Pathology; Its Application and Interpretation, by B. B. Wells, M. D. ($8.50, 2nd edition, *W. B. Saunders Co., Philadelphia 5, Pa.)* It is a practical guide for medical students and physicians. The material is arranged as it will be used, beginning with the problems of tests that might be useful and the proper meaning of the procedures and a definition of their limitations.

Medicine in Action; Today and Tomorrow, by Margaret O. Hyde. ($2.75, *Whittlesey House, McGraw-Hill Book Co., New York 36, N. Y.)* This is designed to inspire an interest in the young in the activities in medicine. Its problems, its ideals, its triumphs, and its conquest over pain and suffering.

Paper Electrophoresis, by G. E. W. Wolstenholme M. B., and Elaine C. P. Millar. ($6.75, *Little Brown and Co., Boston 6, Mass.)* This is a Ciba Foundation Symposium, and it is the first book in which the world's leading experts present their work together in this field.

Bone Structure and Metabolism, by G. E. W. Wolstenholme, M. B., and Cecilia M. O'Connor. ($8.00, *Little Brown and Co., Boston 6, Mass.)* It is a Ciba Foundation Symposium. It begins with the fundamental approach to structure and metabolism of bone; from this it proceeds through biochemistry, physiology, and finishes with clinical medicine.

Bing's Local Diagnosis in Neurological Diseases, by Webb Haymaker, M. D. ($16.75, *C. V. Mosby Co., St. Louis, Mo.)* This is the second English edition of the original 1909 work of Robert Bing. The text has been freshened through amplification both in text and illustrations.

Clinical Psychologist, by William A. Hunt, M. D. ($5.50, *C. C. Thomas Publisher, Springfield, Ill.)* The book contains the three Thomas William Salmon lectures for 1954. It discusses the place of clinical psychology in American psychology and makes explicit some of its motivations and orientations. It also discusses techniques and education.

Pott's Paraplegia, by D. L. Griffith, M. D., H. J. Seddon, M. D., and R. Roof, M. D. ($12.75. *Oxford Book Company, New York 3, N. Y.)* The three authors of this short monograph have combined to present their common views of the management of this condition. They express concern over the failure of conservative treatment in a large proportion of cases and dismay by the futility of many of the operations undertaken for its relief. They are for the antero-lateral decompression of the spinal cord.

Personality, Stress and Tuberculosis, by P. J. Sparer, M. D. ($12.50, *International Universities Press Inc., New York 11, N. Y.)* This book is sponsored by American College of Chest Physicians and is the first book making available under one cover, the extensive current development in medical and psychical sciences that bear on the subject of tuberculosis.

Basic Readings on the M. M. P. I. in Psychology and Medicine, edited by George Schleger Welsh, Ph. D., M. D., and W. G. Dahlstrom. ($8.75, *University of Minnesota Press, Minneapolis 14, Minn.)* The Minnesota Multiphasic Personality Inventory has been the subject of hundreds of articles since those introduced 15 years ago. This book makes available 66 of the most important articles together with a bibliography of over 700 titles.

Clinical Examinations in Neurology, by members of the Sections of Neurology and Physiology at the Mayo Clinic. ($7.50, *W. B. Saunders and Co., Philadelphia 5, Pa.)* Sixteen of the staff

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- Relieves depression without euphoria *—not a stimulant*
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Literature and samples on request

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have made specific contributions to this book. It has the practical purpose of presenting the subject to those fellows at the clinic who are taking their training in Neurology.

Fractures, Dislocations and Sprains, by J. A. Key, M. D., and H. E. Conwell, M. D. ($20.00, 6th edition. *C. V. Mosby Co., St. Louis 3, Mo.)* This book has served the profession well for the last 28 years. This silver anniversary edition has been carefully revised, old methods eliminated and new ones presented.

American Medicine, edited by George M. Piersol, M. D. ($11.50, *F. A. Davis Co., Philadelphia 3, Pa.)* Because of their wide experience in good judgment the carefully selected contributors to this service volume give us an adequate view of the great mass of literature appearing in recent years.

Diseases of the Heart, by Charles K. Friedberg, M. D. ($18.00, 2nd edition, *W. B. Saunders Company, Philadelphia 5, Pa.)* The first edition of this book was well received and in this second edition, three chapters devoted to graphic methods have been added. Major revisions have been made in the section dealing with surgery and several other subjects have been greatly expanded so that we now have a book of 1161 pages.

Year Book of Pediatrics: 1956-57, edited by Sydney S. Gellis, M. D. ($6.75. *Year Book Publishers, Chicago 11, Ill.)* The high points of the attractive and authoritative review are the declining rate of retrolental fibroplasia, increased resistance to antibiotics of staphylococci, danger of radiation and man-made diseases.

Psychologic Aspects in the Care of Infants and Children, edited by W. O. Robertson, M. D. (Apply, *Ross Laboratories, Columbus 16, Ohio.)* This is the 21st pediatrics research conference sponsored by the manufacturers of Similac® held under the auspices of the department of Pediatrics of Yale University.

The Medico-Legal Reader, by Samuel Polsky, LL. B., Ph. D. ($1.00 paper, *Oceana Publications, 43 W. 16th St., New York 11, N. Y.)* One of Temple University studies in Law and Medicine. The major features of medico-legal medicine are presented in an interesting manner.

Health Insurance: Group Coverage in Industry, by Richard N. Baisden and John Hutchison. (25 cents. *Institute of Industrial Relations; University of California, Los Angeles 24, Calif.)* A popular pamphlet designed for labor organization, management, and the general public and a report of the Institute's investigations into the problem of medicine for workers and their dependents.

Foundations of Nutrition, by Clara Mae Taylor, Ph. D., Grace Macleod, Ph. D., and the late Mary Swartz Rose, Ph. D. ($6.00, fifth edition, *The Macmillan Company, New York 11, N. Y.)* It is 13 years since the fourth edition appeared and much progress has been made. As with the previous editions the book is aimed at those who wish "to live more intelligently." It attempts to give the fundamental principles of human nutrition in terms which call for no specialized scientific training.

How to Enjoy Good Health, by Cyril Solomon, M. D., and Brooks Roberts. ($3.95, *Random House, New York 22, N. Y.)* Some 67 physicians, experts in the various fields, have contributed to this volume. Each article was originally prepared for the series on preventive medicine which ran in the magazine *This Week*. The American Medical Association assisted in the preparation and review of this series. It is authoritative and timely.

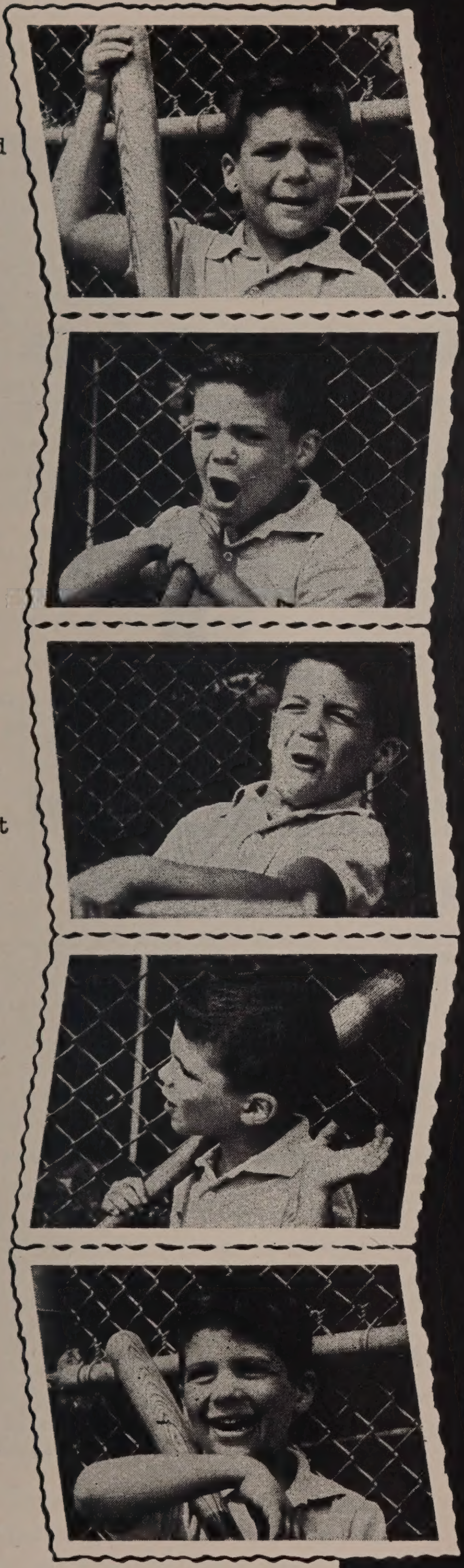
The Magic of Balanced Living, by John W. Tebbel. ($3.50, *Harper and Brothers, New York 16, N. Y.)* A man's key to health, well-being and peace of mind. Urologist A. C. Drummond of Bellvue has said in his introduction the author "gives the reader intelligent and well-balanced information as to how medicine is helping all of us to live healthier."

Pediatrics, by Donald Paterson, M. D., and John Ferguson McCreary, M. D., with 36 contributors. ($14.00. *J. B. Lippincott Co., Philadelphia 5, Pa.)* A text designed to fit between the excellent consultant texts in the subject and the small books of a more tabular type which have become available in recent years. It offers the man in general practice what he wants to know in a form that he can use.

Neurological and Neurosurgical Nursing, by C. G. de Gutierrez-Mahoney, M. D., and Esta Carini, R. N. ($6.25, second edition, *C. V. Mosby and Co., St. Louis 3, Mo.)* With the increased need for expert neurological and neurosurgical nursing this has its first edition exhausted and a second has been prepared to keep pace with this rapidly developing and growing field.

The Popular Medical Encyclopedia, Revised and enlarged, by Morris Fishbein, M. D., Editor. ($4.95. *Doubleday and Co., Garden City, New York.)* This is an easy-to-use, clearly written, and what is more important, authoritative medical reference for the layman.

MY DAD— HE HURT HIS BACK REAL BAD



"It happened at work while he was putting oil in something"

"He told Mom his shoulder felt like it was on fire"

"He couldn't swing a bat without hurting"

"But Doctor gave him some nice pills--and the pain went away fast"

"Dad said we'd play ball again tomorrow when he comes home"

AND THE PAIN WENT AWAY FAST

FOR PAIN

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usually within 5-15 minutes

LASTS LONGER...
usually for 6 hours or more

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permits uninterrupted sleep through the night

RARELY CONSTIPATES...
excellent for chronic or bedridden patients

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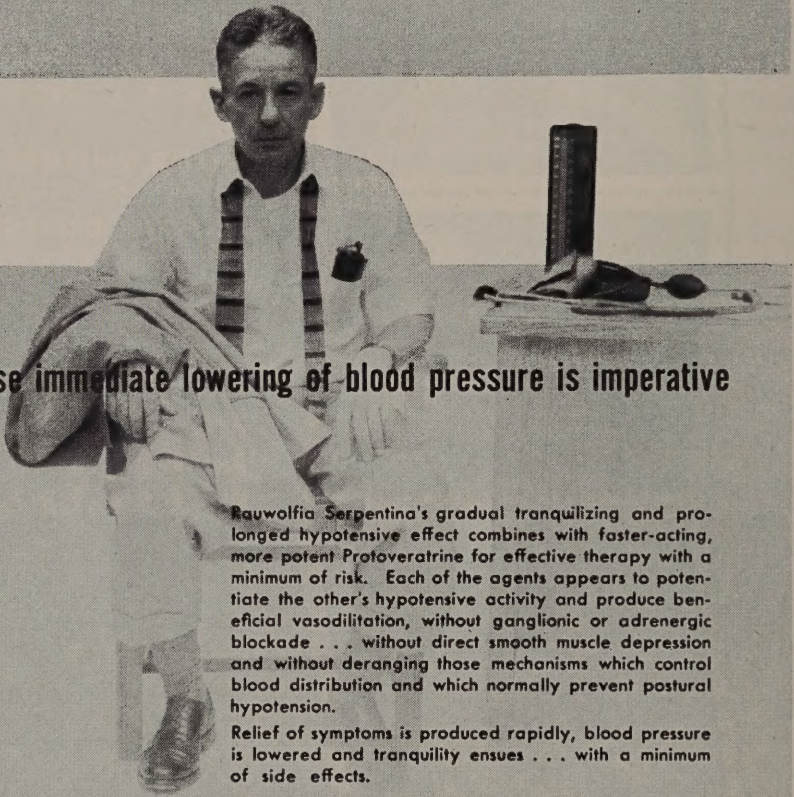

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You and Your Public . . .

Physician Would Do Well To Explain to Hospital-Bound Patient Medical and Economic Aspects of What Lies Ahead

KNOWLEDGE brings confidence, and unfamiliarity breeds anxiety. Pursuant to this thought, the physician who briefs his hospital-bound patient on what lies ahead can contribute considerably to the patient's peace of mind and assurance.

This applies particularly to the person who is about to undergo his first experience as a hospital patient. Too often he is totally unaware of what to expect—and what is expected of him. Furthermore, he is unfamiliar with hospital procedures and schedules.

It is important to the physician's patient relations (in effect, the physician's most important public relations) that he take the time to draw a form of "road map" for the patient to follow.

When this is done, the patient enters the hospital prepared for his stay there. He knows that he must register, and he knows what information he is asked to provide in registering. How much better this is than to have the unsuspecting patient suddenly find himself confronted with a barrage of questions when all he expected was to be assigned a bed.

Frank Discussion Best

The physician should discuss hospital routines and policies with his patient. Likewise, he should discuss the forthcoming treatment, be it medical or surgical. This discussion need not be a detailed analysis of every step, but it should contain a general outline.

Such details may appear trivial to the physician, but it must be remembered that the doctor spends considerable time at his hospital; the patient may be encountering his first experience there. Further, the patient feels that his doctor thinks of him as a person, and not just an assemblage of living tissues.

Here are some of the other aspects that could be explained by the physician:

Costs—This is one of the most misunderstood factors in hospitalization. There still are many people that have very little knowledge of the various costs involved.

Two Types of Costs

The physician should explain that there are two types of costs involved, direct medical and hospital. Further, the patient should be made to know that there may be fees for laboratory work, anesthesia, and other such contingencies.

Consultation—This again can be misunderstood. If consultation is indicated, tell the patient. Also, tell him that this can mean a fee.

Hospital visits—Policies of the hospital concerning visiting hours and limitation on the number of visitors at any given time are understandably necessary. Explain the policies. Then, later on, when a friend tells the patient, "I was out to see you when you were in the hospital, but they wouldn't let me in," the patient will know why, and understand.

Discharge—The patient should know that he will be expected to take care of his hospital bill at the time of his discharge, whether he wants to pay the bill outright, make arrangements for periodic payments or arrange for payment by his insurance carrier. Advance knowledge of this can facilitate discharge procedure. It will send the patient home in a better frame of mind.

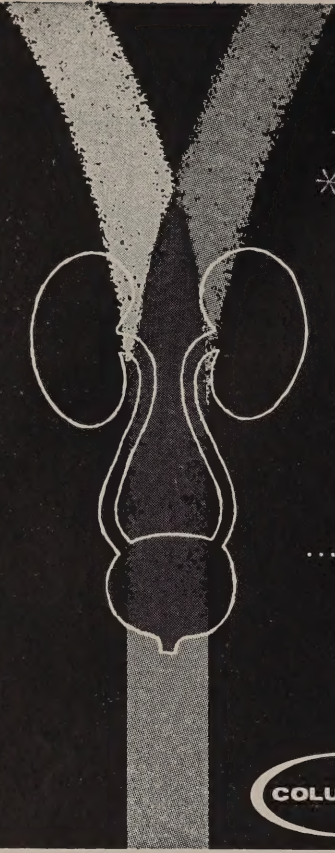
Follow-Up Important

Follow-up—Even if the physician dismisses the patient from his care at the time of discharge from the hospital, follow-up is an important consideration. This can be in the form of a house call or an office call, if necessary. If neither is necessary, a telephone call to inquire "how Mr. Jones is getting along" means something to Mr. Jones. It also builds the doctor's PR rating.

Some local medical societies provide their members with printed leaflets concerning hospitalization, these leaflets being distributed to each hospital-bound patient. The leaflets cover, briefly but clearly, some of the aspects discussed herein.

People are inclined to blame doctors for all medical costs—hospital room charges, laboratory work, medication in the hospital, and others. To combat this, some medical societies have developed cost estimate sheets, with the cooperation of local hospitals. Of course, it is emphasized that such sheets are for estimate purposes, only, and not actual costs.

Whether the individual physician handles this problem by word of mouth or printed leaflets, he is building a sound public relations foundation for his practice.



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- Relieves burning in minutes
- Effective in 93-98% of cases

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Phenylazo-diamino-pyridine HCl—acts solely on the urogenital mucosa; provides prompt relief from burning, pain and frequency.

LOCALIZED ANTIBACTERIAL ACTIVITY

Sulfacetamide—eliminates mixed infections rapidly because of its unusual solubility in acid urine common to bacterial invasion of the urinary tract. No renal damage, concretions or anuria.

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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

The "New" Today's Health

Today's Health, AMA's popular health magazine, is having its face lifted. In the coming months there'll be many changes in the magazine—a new logo (title line), new cover layout, tint block "news" page, broader editorial base, new editorial style and a completely new inside format. Since the AMA's Board of Trustees approved a reorganization plan for the magazine, the following changes in staff have been made: new editor James M. Liston, formerly special feature editor of *Better Homes & Gardens;* new associate editors—Dennis Orphan, previously associate editor of McGraw-Hill's *Industrial Distribution,* and William Vath, formerly managing editor of National Safety Council's *Safety News;* production coordinator Robert Hendrickson, previously with *Popular Mechanics Magazine.*

In addition, *Today's Health* now has its own advertising review committee—Leo E. Brown, AMA public relations director, chairman; Dr. Austin Smith, editor of *Journal of the AMA;* C. Joseph Stetler, director of Law Department, and W. W. Hetherington, executive publisher, *Today's Health.*

On all counts, 1957 was a good year for *Today's Health* . . . advertising lineage increased more than 30 per cent over 1956 with dollar volume showing a 40 per cent gain; 1956 advertising was renewed at a rate exceeding 90 per cent; 51 new advertising accounts were established in 1957; circulation continued to grow, topping the 400,000 mark for 9 of the 12 issues.

Aid in Battling the 1040 Form

Don't let those income tax forms get you down! Now's the time to write to the AMA Law Department for its new booklet—*The Federal Income Tax Guide for Physicians*—for answers to some of the most perplexing tax problems. This timely new booklet has been compiled from court decisions as well as rulings, regulations and publications of the Internal Revenue Service. It has been designed to give physicians a better understanding of their rights and obligations under federal income tax laws.

Conference on Perinatal Mortality

The Committee on Maternal and Child Care of the AMA's Council on Medical Service will meet March 22-23 in Chicago. The second day of this meeting will be devoted to a joint conference with North Central area physicians interested in problems concerning perinatal mortality and morbidity.

New Radio Health Series

To give your community a monthly report on the newest and best in medicine, the American Medical Association introduced its new radio transcription series—"Health Magazine of the Air." Based on current items from *Today's Health* magazine, the new 15-minute series features H. V. Kaltenborn, veteran newscaster and radio-TV commentator, and W. W. Bauer, M. D., AMA's Bureau of Health Education director. The programs are produced by the Marshall Organization, Inc., under the direction of the Bureau.

Seasonal health spot announcements—three 15-seconds; three 30-seconds and two one-minutes—will be presented on the reverse side of the platters. These spots will be given by popular movie personalities who contribute their time as a public service. The announcements will be presented in February by Peggy Wood of the "I Remember Mama" program.

First shipment of the new transcriptions have been made to approximately 400 radio stations throughout the country. The platters will be released about the fifth day of each month through December, 1958, for immediate broadcast. Although the present selection of stations has been based on those previously airing AMA radio transcriptions, local medical societies may contact the Bureau of Health Education for further information regarding additional outlets.

New TV Health Films

The American Medical Association has announced that two new 10-minute black-and-white films will be available for use on local television and for showings to school and church groups. "The Silent Killer" deals with the dangers of carbon monoxide poisonings from gasoline exhausts. "Out of Step" tells the dramatic story of an accident which occurs to a child whose father has always ridiculed safety measures, first aid and other so-called "boy scout" ideas. The Scouts, of course, come to the rescue in the end.

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Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

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- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
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Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

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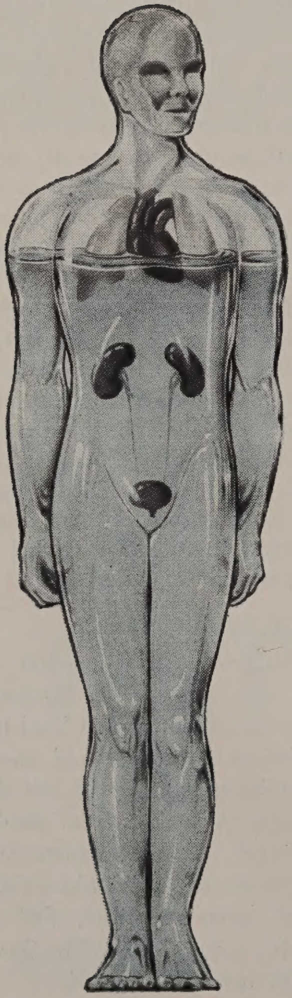

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'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

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The dosage of other antihypertensive medication (reserpine, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 **ADJUST DOSAGE OF ALL MEDICATION**

The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'

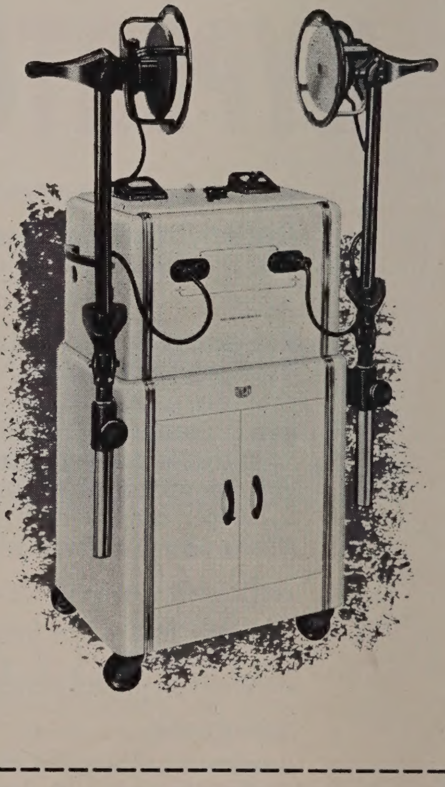
what's the most useful piece of equipment you could add, Doctor?

L-F SHORT-WAVE DIATHERMY

RIGHT FOR ANY AND ALL APPLICATIONS WHERE THERMAL THERAPY IS INDICATED

Therapeutically sound, safe, effective for every application where thermal therapy is indicated, this L-F Short-Wave Diathermy will prove more *useful* and more *productive* than almost any other piece of equipment you can name!

The L-F unit shown above successfully operates air-spaced plates, hinged treatment drum, utility applicator, etc. SEND TODAY FOR 6-PAGE BROCHURE PICTURING TYPICAL APPLICATIONS IN DAILY PRACTICE.



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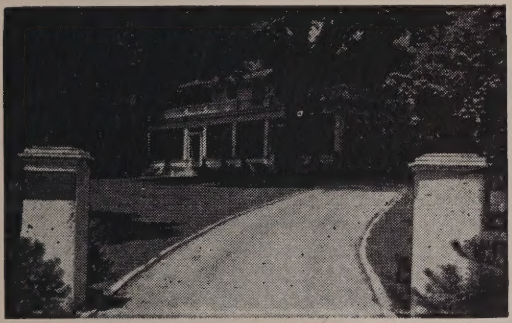

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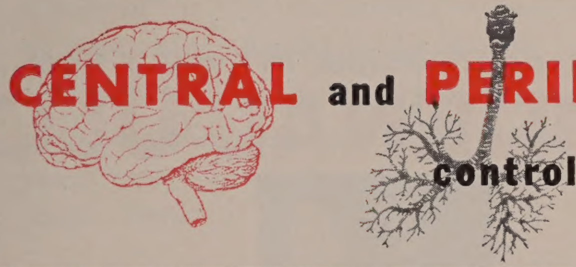

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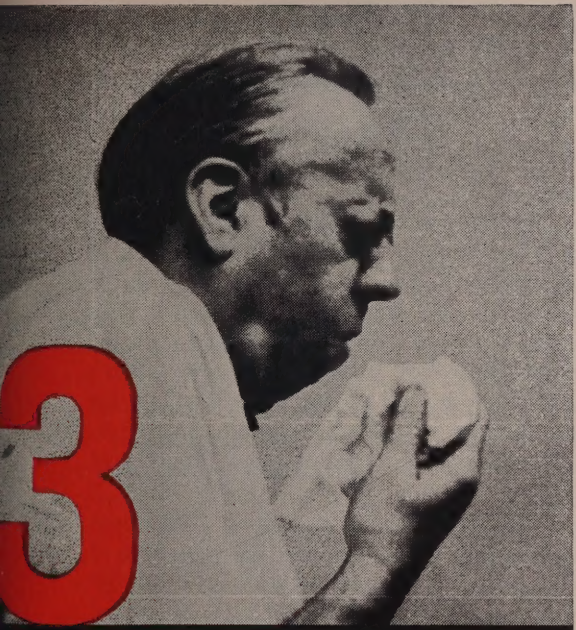

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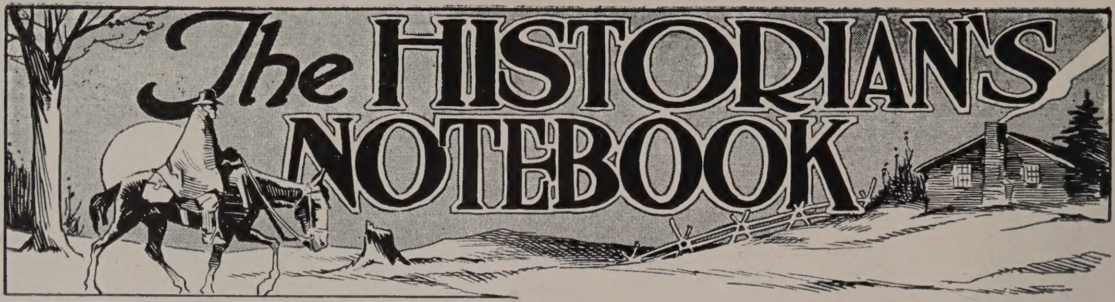


Governor Cox and Public Health in Ohio

ROBERT G. PATERSON, Ph. D.

PART II

(Concluded from February Issue)

IN his message to the General Assembly in January, 1913, Governor Cox gave a strong presentation of the necessity for the State of Ohio to enlist its resources in the fight against tuberculosis. He followed this in February in his budget request for the $25,000. In those days this was a sizable sum. The prospects for a successful realization of our goal seemed well assured.

Then the great Ohio flood struck in March 1913! This meant that the state of Ohio had to meet the devastating emergency by an extraordinary drain upon its financial resources. In April I received a telephone message from the Governor's office. Governor Cox wished to see me! My immediate reaction was that our program had been washed away by the Ohio flood.

When I was ushered into his office, Governor Cox said he was sorry that he found himself unable to keep his promise because of the flood situation. He asked if I thought we could get along on $20,000 per annum. I replied with alacrity that I was sure we could! Again the interview was short, direct and decisive.

The flood subsided, the great emergency was met and the damage repaired. The General Assembly passed the revised budget in April, and appropriated the $20,000 per annum requested by Governor Cox.

Division of Tuberculosis, 1913

A Division of Tuberculosis was set up by the Ohio State Board of Health in May, 1913. It was the first such division in the United States. The National Tuberculosis Association, with which the Ohio Society for the Prevention of Tuberculosis was affiliated, looked upon our program with grave misgivings and tried vainly to persuade the Society's Executive Committee to abandon mixing tuberculosis work with political influences. Later, by 1917, the National Association had incorporated the idea of a division in its nationwide program.

The Author

● **Dr. Paterson, retired and now living in Tryon, North Carolina, is Executive Secretary Emeritus 1911-1946; Director of Research 1946-1952, Ohio Tuberculosis and Health Association.**

The Division of Tuberculosis included a director, a traveling exhibit, a publicity bureau, a state supervising nurse (one of the earliest in the United States) and a publications bureau. Thus there was introduced in the organization of the Ohio State Board of Health three new avenues of approach to the public health problems of the state—a division of tuberculosis, a beginning in public health education and a state program of public health nursing.

None of these objectives could have been achieved at the time without the staunch backing of Governor Cox. He had vision and a remarkable capacity for quick and firm decisions, both needed in a successful leader in any field of endeavor.

With the rapid and sometimes radical changes in the entire structure of government that took place in the two years of Governor Cox's first term, it was not surprising that the people of Ohio could not adjust willingly to such an upheaval. Governor Cox was defeated in November 1914. He was elected again in 1916 and once again in 1918, thus becoming the first three-time Governor of the state.

In the session of the 83rd General Assembly in 1917, a bill was introduced with the consent and active support of Governor Cox and enacted into law March 30, 1917, to overhaul the state health machinery. The 31 year old Ohio State Board of Health was abolished and in its place was created a State Department of Health consisting of a State Commissioner of Health and four members of a Public Health Council appointed by the Governor for a term of four years. The Commissioner of Health was the fifth member of the Council and was designated as Chairman. His term was fixed at five years and his appointment was by the Public Health Council, with the approval of the Governor. He could be removed for cause and only after a public hearing. This law marked the beginning of what we are pleased today to call the modern public health program in Ohio.

Governor Cox was much interested in this piece of legislation and exerted his influence especially in expediting the bill through the General Assembly. His appointments to the first Public Health Council[9] were excellent and brought back into the work Dr. Charles O. Probst as a valued member of the Council who continued to serve until his death in 1933.

It had been recognized from the establishment of the Ohio State Board of Health in 1886 that the weak link in the health organization program in Ohio was in the local area. Attempts to strengthen the local health pattern had been attempted from time to time in the General Assembly but to no avail. Then the devastating epidemic of influenza swept through the United States in 1918-19. Ohio in World War I, was aware of the havoc wrought by the epidemic among the troops concentrated in military camps and among the civilian population of the state.

In Ohio the township and village, and most of the municipal boards of health collapsed completely in the face of this vast emergency. In November 1918 Governor Cox was re-elected for his third term as chief magistrate of the state. He was quick to sense the need for a reorganization of the local health machinery. A bill was introduced in the General Assembly written by the public health leaders of the state that provided for the first comprehensive law relating to local health organization in Ohio. It was known as the Hughes bill and was passed April 17, 1919, and approved by Governor Cox on May 9, 1919. It was to go into operation January, 1920.

If this law had remained intact Ohio would have had a health organization at least 25 years in advance of every state in the nation. A collateral decision by the Ohio Supreme Court held a law unconstitutional because it attempted to classify cities. This decision affected the Hughes law. So on December 19, 1919, the General Assembly enacted the Griswold amendment to make the Hughes law conform to the Ohio Supreme Court decision.[10] The law became effective January 1, 1920. Incidentally, the Ohio Society for the Prevention of Tuberculosis provided $1,000 for attorney's fees to appear in the original Cleveland case on which the Ohio Supreme Court ruled.

The Hughes-Griswold law reorganized municipal health departments in cities of 5,000 population or over; and established general health districts in each county of the state outside of cities. It provided for the employment of health commissioners on a part-time or full-time basis; it provided for the first time for public health nurses as an integral part of health administration; and created a state subsidy of one-half the annual local payroll, up to $4,000 per annum. The Hughes-Griswold law reduced the number of local boards of health from 2141 to 168 health districts in the state—80 city districts and 88 general districts.

Governor Cox was intensely interested in this piece of legislation since his basic goal was for efficient administration. He gave constant advice upon the strategy required to secure the enactment of the law.

Cox Decisive in Health Legislation

It is now evident that in the three terms served by Governor Cox he had a decisive hand in the creation of the present day public health organization, in Ohio, viz., in 1913 the tuberculosis appropriation; in 1917 the reorganization of the Ohio Department of Health; and in 1919-20 the complete overhaul of the local health machinery of the state.

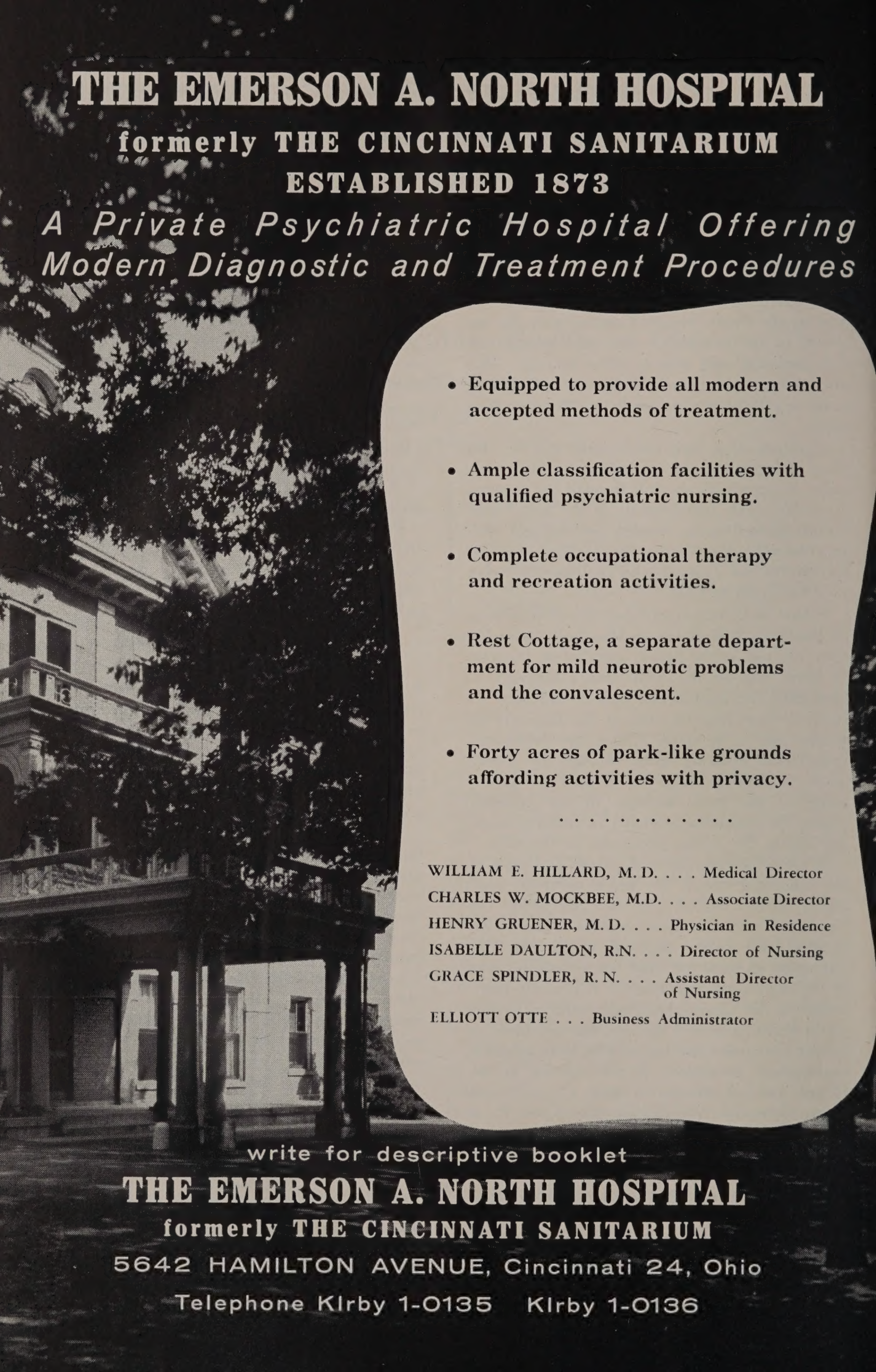
Tuberculosis and public health workers in Ohio thus have good reason to owe a great debt of gratitude to the Honorable James W. Cox for his intelligent and sympathetic interest in providing the state with the means to carry forward a program to combat unnecessary illness and premature death.

In retrospect, it always seemed to the author a curious irony of fate that pitted two Ohio leaders against each other in the 1920 presidential campaign,—Harding versus Cox. Both were newspaper publishers as well as prominent political leaders. Harding defeated Cox largely on the League of Nations issue. In the light of subsequent events, it is interesting to speculate what the course of history would have been had Cox defeated Harding.

References

9. Charles O. Probst, M. D., Columbus, until July 1, 1918; W. I. Jones, D. D. S., Columbus, until July 1, 1919; R. M. Calfee, Cleveland, until July 1, 1920; G. D. Lummis, M. D., Middletown, until July 1, 1921.

10. Laws of Ohio 1919, Vol. 108, part 1, p. 236; part 2, p. 1020.



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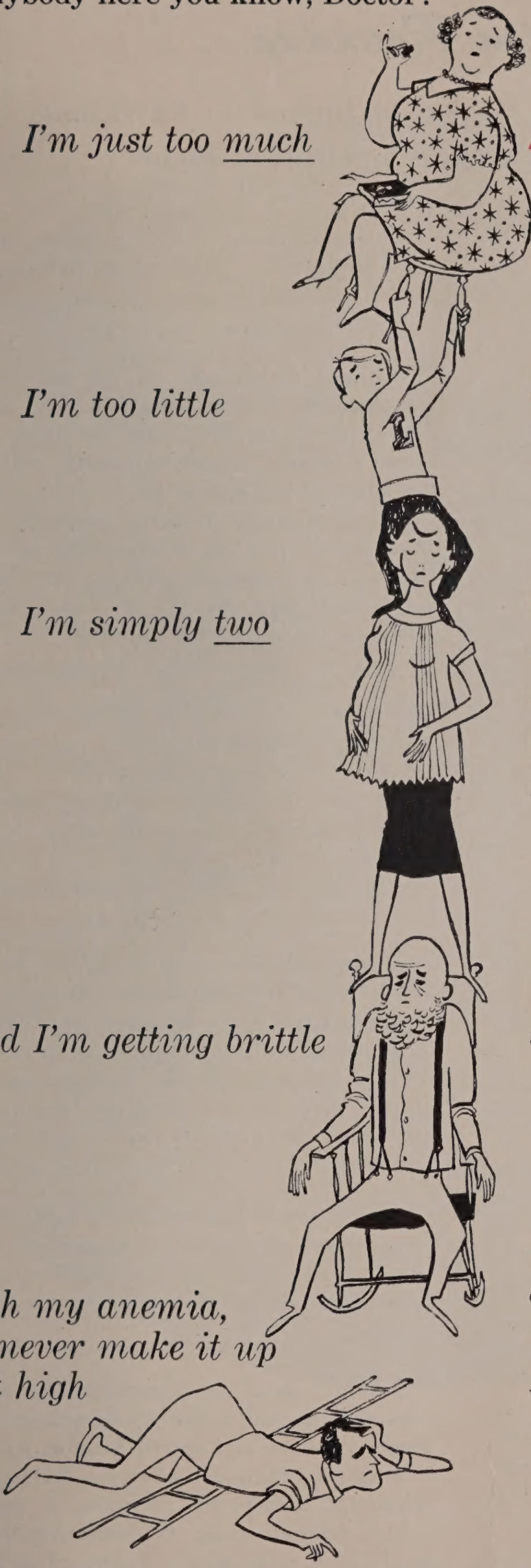

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News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

Veterans Administration plans to spend between $16.9-million and $23-million on nine hospital improvement or expansion projects, including the Chillicothe, Ohio, VA hospital.

* * *

A special committee has recommended to Defense Administrator Gray that producers and distributors of medical, pharmaceutical and hospital equipment should be encouraged to maintain larger inventories in dispersed locations in the interest of national defense and survival under possible enemy attack.

* * *

U. S. and Russia in 1958 will (1) exchange teams of medical scientists to lecture and discuss experiences, (2) exchange medical publications and (3) exchange medical films. Recently completed agreement was hailed as "a significant first step in the improvement of mutual understanding between the peoples of the United States and the Union of Soviet Socialist Republics."

* * *

Army has issued directive whereby medical and dental officers currently serving voluntary or involuntary two-year tour of duty and scheduled for discharge before August 1 may apply for immediate discharge, provided they have served 21 months. The Navy issued a similar directive last summer.

* * *

Atomic Energy Commission report shows 1,900 private practitioners and medical institutions licensed to use radioisotopes, compared with 748 in 1954. The report noted rapid increase in Cobalt 60 teletherapy, with more than 150 installed sources of the radioisotope throughout U. S.

* * *

More than 12,000 invitations have been sent out for the President's Conference on Occupational Safety March 25-27. This conference encompasses many medical subjects, including such topics as radiation hazards, safety motivation and responsibilities of medicine and nursing in prevention of occupational accidents and diseases.

* * *

Study is under way by Federal task force involving sweeping survey of nation's health facilities. This involves taking inventory of hospitals, clinics, convalescent homes and other health institutions, and reaching conclusions as to their optimal use for defense mobilization purposes.

* * *

Citizens Committee for the Hoover Report is currently concentrating on five major administrative reforms, one involving government's widely dispersed health and medical services. Plan would be to create a Federal Advisory Council of Health possessing controls over health care for veterans, aid to states for hospital construction, training and utilization of medical personnel, and coordination of Federal and private health resources.

* * *

Senator Morse (D., Oreg.), defending himself against "silly" and "intemperate" charges brought by National Society for Medical Research prompted by Morse's insertion of lengthy antivivesectionist's propaganda into the Congressional Record last year, has inserted into the record 21 columns of data rebutting the antivivisectionist's horror stories.

* * *

Health, Education and Welfare Secretary Folsom recently reported that Social Security beneficiaries have risen to more than 11-million (compared with 9.3-million at beginning of 1957), and that 150,000 disabled workers 50 to 65 years of age received $60-million in payments, this program requiring $5-million in expenses.

* * *

Joint report of Departments of Labor and Commerce shows construction of private hospitals continued to gain while new starts in construction of public hospitals and institutions decreased in recent months.

* * *

Informal group of physicians who formed a committee last fall at the encouragement of Vice-President Nixon and several Senators have issued a statement calling for powerful development of behavioral science—the "sciences of man" — to bolster defense, secure the peace and strengthen the U. S. in many ways. Report called for more public and private funds to speed research into human motivations and related fields.

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JONATHAN FORMAN, M. D., *Editor*

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R. GORDON MOORE, *Asst. Managing Editor*

The Diagnosis and Treatment of Intracranial Aneurysms

H. T. GLASER, M. D.

THIS is to report on a group of patients usually seen for the first time at home by a physician or who, in some localities, may be seen first in a hospital emergency room.

Generally, the symptoms appear suddenly in a patient who apparently has been quite well. He may have bent over to tie a shoestring; he may have bent over or made some other relatively minor effort while working in his yard at home or at his work, when he suddenly experienced severe headache often frontal at first, but within a short time spreading to the back of the head, the neck and shoulders. Usually the headache is described as throbbing and unbearable.

Changes of consciousness may occur which range anywhere from drowsiness to coma. A convulsion is not unusual at some stage of the illness and one usually finds the neck stiff within a few hours of the onset.

Seeing the patient for the first time one would necessarily consider coma due to diabetes, nephritis, or to head trauma, but with a short history and a few routine tests these can be ruled out quickly. One would then give rather concentrated thought to pathology of the central nervous system as the source of the patient's difficulty.

A most important procedure in view of what the physician now knows would be a lumbar puncture and on finding fresh blood well mixed with cerebrospinal fluid, he would conclude the patient's difficulty is due to subarachnoid hemorrhage.

The Author

- **Dr. Glaser, Zanesville, Ohio, formerly Resident in Neurosurgery, Buffalo General Hospital; assistant in Neuroanatomy and Neurosurgery, University of Buffalo College of Medicine, Buffalo, N. Y.**

The change of consciousness could be dependent on the rate and duration of bleeding. Nuchal rigidity may be caused by any inflammatory involvement of the meninges, but in the case of an atraumatic bloody lumbar tap, it probably is secondary to foreign material in the subarachnoid space, in this case free blood acting as the irritant. Blood in the subarachnoid space particularly affects the neck extensor musculature and flexion may be impossible while hyperextension can be readily carried out. Convulsive activity can be explained by increasing intracranial pressure particularly as this might irritate the motor strip.

The progress of the patient depends on the rapidity and amount of bleeding and he may die in a few hours or days. It is estimated that 50 per cent of patients with subarachnoid hemorrhage die in the first attack. In the survivors the signs and symptoms recede and in some never to recur. In others, the second, third or subsequent attack may kill. I have seen one middle-aged woman come into the hospital in coma and after a lumbar tap and two or three days' time improve gradually, undergo angiography in which an aneurysm was demonstrated after the first hemorrhage, only to die suddenly in the fourth bleeding episode before surgery could be undertaken. This was prior to the use of hypothermia as a surgical adjunct.

Medical Management

The immediate medical treatment, in addition to nursing care, consists of total bed rest, which means the patient must make no straining effort whatsoever. He should be turned and fed. The head of the bed may be elevated, but the patient should not raise himself. The bowel should be kept in such condition that he need not strain. Lumbar taps are carefully repeated for slow reduction of the increased intracranial pressure. Any required sedative should be used.

Up to this time there may have been very little evidence from the examination for either lateralization or localization of the lesion causing the subarachnoid hemorrhage. However, in some cases, there may be localizing signs. A complete third nerve palsy without other findings suggests an aneurysm lying against that structure; a ruptured anterior cerebral artery aneurysm may produce weakness of a foot or a leg, or a middle cerebral artery aneurysm, particularly if it bleeds into the brain substance as well as subarachnoid, may produce hemiparesis.

To determine the underlying cause of the subarachnoid hemorrhage, whether vascular malformation or aneurysm, angiography should be carried out as soon as the patient's condition permits. This means when the hemorrhage has ceased and the patient appears to be improving from his initial insult. This ordinarily may be two, three or four days later, but in some clinics it may be done at once, particularly if operation is to follow immediately under hypothermia. The entire purpose of hypothermia is to enable the surgeon, relatively safely, to make a definitive operation on the aneurysm much earlier than otherwise and before the lesion has the opportunity to bleed the second time.

Angiography may be performed under general anesthesia in the Radiology Department. It consists essentially of rapid percutaneous injection of Diodrast® and more recently Hypaque® into specific arteries in the neck. We prefer pure internal, pure external or vertebral injections. X-rays of the head, anteroposterior and lateral, are made to obtain arterial and venous phases of the contrast material in the cerebral vessels.

In 10 to 20 per cent of patients exhibiting subarachnoid hemorrhage, angiography does not reveal the cause of the hemorrhage and these people have a better prognosis than those in which an aneurysm is the etiologic lesion. Some of these patients, however, do die from subsequent bleeding. They are kept in bed six to eight weeks in the hospital before dismissal to their referring physician.

Dunsmore and Polycyn[1] reported on a follow-up study of 151 patients, in 81 of whom no aneurysm was demonstrated on angiography. All but six had angiography. Follow-up reports on 71 of the 81 patients are available and 52 were alive and doing reasonably well from 1 to 10 years after examination. Nineteen died and all but one of the deaths occurred within one year of the original hemorrhage. All deaths except one (hypernephroma) were due to subsequent hemorrhage. This makes a mortality rate of about 27

TABLE 1.—*Results of management of 81 Patients with angiographically demonstrated Intracranial Aneurysms.*

					Deaths			
Total Number Patients Seen	81				28(30%)			
Untreated Patients (various reasons)	23				16(70%)			
Treated Patients	58				12(20%)			
1. **Cervical ligation only**		12				3(25%)		
Subclinoid carotid			1				0	
Supraclinoid			11				3(27%)	
2. **Trapped**		21				5(24%)		
With cervical ligation			11				2(18%)	
Subclinoid Carotid				1				0
Supraclinoid				10				2
Intracranial only			10				3(30%)	
Supraclinoid Carotid				4				0
Carotid Bifurcation				1				0
Anterior Cerebral				3				2
Anterior communication				2				1
3. **Occlusion of Aneurysm**		24				4(16.6%)		
Supraclinoid			15				2(13%)	
Carotid bifurcation			3				1	
Ant. cerebral			2				0	
Ant. communicating			2				0	
Middle cerebral			2				1	
4. **Reinforcement only**		1	1			0		
		58	58	—		12	12	

per cent. Gardner[2] reported 50 per cent mortality rate in his series of subarachnoid hemorrhage and he stated that if the patient had a second attack, the odds were nearly three to one he would die. It appears that if the patient with subarachnoid hemorrhage, but without an aneurysm survives one year, the outlook for life thereafter is excellent.

Surgical Management

The surgical management of intracranial aneurysms has in the past few years proved superior in results to the general medical management. This has resulted from improved diagnostic ability to separate by angiography those patients having aneurysms from those who have not. We are now in the stage of determining the best means of treating the former.

Proximal Ligation

The basic principle employed earliest in the control of hemorrhage and later for aneurysms was that of proximal ligation of the affected artery. In the case of intracranial aneurysm this meant carotid ligation in the neck, common or internal. Carotid ligation is relatively simple and can be done under local anesthesia without lowering the patient's blood pressure. This is important in treating all forms of intracranial vascular disease and it controls bleeding aneurysms in a good percentage of patients. It does have certain disadvantages. (1) It deprives the brain of blood through one of its major vessels and unless there is adequate circulation from the opposite side, hemiplegia results. (2) The aneurysm is still patent and may bleed again. (3) Co-existing aneurysms on the opposite side would be exposed to additional stress by the compensating blood flow from the opposite carotid circulation.

Presently we have a patient under observation with bilateral intracranical aneurysms (demonstrated by angiography), one of which has bled the second time. Should the patient ever become operable, it appears theoretically more sound to operate each aneurysm than to ligate two carotids. There are references in the literature of cases where both carotids have been ligated apparently successfully, particularly in patients with carotid-cavernous sinus fistula. This lesion, however, is quite different than intracranial aneurysm.

Intracranial Attack

Intracranial attack on the aneurysm itself has the purpose of eradicating the lesion while preserving the vascular pattern of the brain. From the data to follow, it appears to be the best approach, although it involves craniotomy and is dangerous. It permits closure of the aneurysm in a certain percentage of cases. Only by exposing the lesion and dissecting it fully, can one determine whether or not the aneurysm is amenable to this treatment.

In carrying out the attack on the aneurysm itself, we have been employing temporary ipsilateral total carotid occlusion in the neck with a Blaloch-Poppen clamp for periods up to 24 hours before craniotomy. This gives some insight as to whether the opposite carotid circulation is adequate should an intracranial "trapping" procedure become necessary at the proposed craniotomy.

It has been pointed out by Dandy[3] that smaller vessels are less prone to thrombosis than larger ones. By direct attack on the aneurysm intracranially, it is hoped that no major vessel need be closed, but only the aneurysmal neck. If one finds

TABLE 2.—*Location of Aneurysms in This Series of 81 Patients.*

	Treated		Untreated		
	Total	Died	Total	Died	Total
Subclinoid Carotid	2	0	1	1(100%)	3
Supraclinoid Carotid	40	7(17%)	2	1(50%)	42
Carotid bifurcation	4	1(25%)	—	—	4
Anterior cerebral	5	2(40%)	3(40%)	3(100%)	8
Anterior communicating	4	2(50%)	9	7(78%)	13
Middle cerebral	3	1(33%)	8	3(50%)	11
Multiple	—	—	2	1(50%)	2
	58	13(22.4%)	23	16(70%)	81

TABLE 3.—*Present Status of Patients with Surgically Treated Aneurysms.*

	Carotid Ligation	Trapping Operations	Occlusion Aneurysm Neck	Reinforcement	Total
Total number of cases	12	21	24	1	58
Surgical fatality	3(25%)	5(24%)	4(16.6%)	—	12(20%)
Survivors	9	16	20	1	46
Status unknown	1	....	....	..	1
Early postoperative status	....	2	4	..	6
Well	2	5	9	..	16
Working, with mild neurologic deficits	3	6	3	..	12
Considerable neurologic deficit	1	2	3	1	7
Invalid	....	1	1	..	2
Subsequent death	1 (hemorrhage 1 (unrelated)	1 (unrelated)	....	..	3

at craniotomy after complete dissection and exposure of an aneurysm that this is not possible and a clip on a major vessel or branch of a major vessel becomes necessary, it may be possible that we create a smaller infarct.

Two other recent advances have encouraged intracranial attack on the aneurysm itself. These are: (1) hypotensive drugs which have made possible safe reductions of blood pressure during the actual dissection and handling of the aneurysm. (2) hypothermia which allows a reduced total brain blood flow without injury to nerve cells. Botterell[4] of Toronto has shown that with a body temperature of 82 degrees (F), the anterior and posterior cerebral circulations bilaterally may be closed completely for 11 to 12 minutes without ill effect.

The hazards of intracranial approach include: (1) General anesthesia which in itself carries some degree of danger, as compared to local anesthesia used for cervical carotid ligation. (2) Craniotomy per se carries some degree of risk. (3) In some cases after craniotomy has been done and the aneurysm dissected, it is found the neck of the aneurysm is unsuitable for ligation or "clipping." It then becomes necessary to "trap" the aneurysm by occluding the parent vessel on each side of the lesion. The success of this procedure depends upon an adequate collateral circulation, but so does ligation in the neck. Inasmuch as intracranial ligation would involve a smaller vessel, the danger of any thrombosis and resulting infarct, theoretically, should be less.

In Buffalo General Hospital angiography is performed as soon as the patient's condition permits in all cases with subarachnoid hemorrhage. In those cases in which an aneurysm is localized, craniotomy is done (under hypotension) before the third week post-hemorrhage. Under hypothermia it may be done earlier if necessary. Because of a recent fatality which may be attributed to the use of hypothermia, the latter has not as yet become routine, having been used on seven occasions. An attempt is made to close the aneurysmal neck by ligation or clip. If the lesion is not closable it is "trapped" by clips on the parent artery proximal and distal to the lesion, but this procedure is not the one of choice and it has become necessary less often.

The time of surgical intervention is important. Operation in the first week after hemorrhage on eight patients resulted in five deaths, a mortality rate of 62 per cent; in the second week two of seven patients died with a mortality rate of 28.5 per cent; in the third week two of 13 patients died with a mortality rate of 20 per cent; after the fourth week two of 17 patients died with a mortality rate of 11.4 per cent. For operations done after the second week the mortality rate averaged 14.3 per cent. While it is safer to operate upon patients after the second week, it is not safe to allow them to wait so long because fatal recurrences are common in the first two weeks. This emphasizes the necessity of seeking measures that permit earlier safe operations.

Table 1 shows the results of management of 81 patients with angiographically demonstrated aneurysms in Buffalo General Hospital, 58 of whom were treated surgically and with a 20 per cent mortality rate. Twenty-three were not treated surgically and with a 70 per cent mortality rate. In our earlier experience 12 were treated by cervical ligation with a 25 per cent mortality rate. Twenty-four had direct attacks on the aneurysm with a 16 per cent mortality rate. Twenty-one had "trapping" procedures with a 24 per cent mortality rate. CONCLUSION: "Trapping" procedures are as safe as cervical carotid ligation and occluding the aneurysm intracranically proved safer than either.

It is realized that the total number of cases in this series is small and the results in a large series may change the percentages, but they are offered as an indication of what might be expected from presently available methods of treatment.

Summary

Our experience in Buffalo General Hospital is:

1. Patients having angiographically demonstrated aneurysms have been treated surgically more safely than otherwise.
2. Occlusion of aneurysmal neck where possible, thus preserving the vascular pattern, is the treatment of choice. Other methods have been forced retreats.
3. Time of operation after hemorrhage is a crucial factor in survival.
4. Methods designed to allow safe operation earlier than the third week and thus prevent hemorrhagic recurrences are being investigated.

Bibliography

1. Dunsmore, R. H., and Polcyn, John: J. Neurosurgery, March, 1956.
2. Gardner, W. J.: Surg. Clin. North America., 16:1019, 1936.
3. Dandy, Walter: Arch. Surgery, 45:521-533, 1942.
4. Botterell, Harry: J. Neurosurgery, 13:1-42, January, 1956.

Climatologic Factors

The demand for electrocardiograms in a northern New England community shows a definite maximum in April and a minimum in July. This incidence is similar to that previously found for coronary occlusion and acute heart failure, except that the maximum occurs later. This peculiarity is explained by local climatologic factors.—E. Lepeschkin, M. D., *J. Maine M. A.*, 49:8, Jan., 1958.

Hospitalization of the Tuberculous—Home Versus Hospital

J. B. STOCKLEN, M. D.

Historical Background Of Rest Treatment

BODINGTON in England in the nineteenth century first advocated graduated exercise, good diet and fresh air as valuable in the treatment of tuberculosis. For 2,000 years prior to this countless nostrums had been used in treating the disease.

In 1854 Brehmer established an institution for the treatment of tuberculosis in Germany. He advocated exercise as a treatment of tuberculosis because the hearts of autopsied tuberculous patients were small and he reasoned that "strengthening" of the heart by exercise was indicated. Dettweiler, a patient of Brehmer's, however, decided that he felt better when he rested. He established a sanatorium at Falkenstein with rest as the basic principle of treatment. Trudeau discovered that he had tuberculosis and went to the Adirondacks to spend his last days in surroundings that he loved. He there discovered that he improved when he rested. He lived an active life for many years although he eventually died of tuberculosis. He founded Trudeau Sanatorium in 1885, the first institution in the United States devoted to the care and treatment of tuberculosis. *Rest became the basic treatment for the disease.* It has a background of more than 70 years in this country.

Advent of the Antimicrobials

There was little dispute with this basic tenet until the advent of the antimicrobials for the tuberculous. The effect of these chemotherapeutic agents was so striking that immediately the problem began to arise as to whether bed rest was necessary in the treatment of tuberculosis.

A number of investigators have reported on five years of experience with outpatient care of the tuberculous.

Experiences with Outpatient Treatment

In 1952 McCollough reported that of 205 outpatients with active tuberculosis treated with pneumoperitoneum (only two of the patients had antimicrobials) 61 did not require hospitalization and the disease was considered to be inactive or arrested at the end of the observation period.

The Author

● **Dr. Stocklen, Cleveland, is Controller of Tuberculosis for Cuyahoga County.**

Of 348 outpatients treated with anti-tuberculosis drugs by Robins and his associates 39 per cent improved radiologically, and of 222 patients with positive sputum only 99 had converted to negative at the end of six months.

Tyrrell reported a series of cases with active tuberculosis in which alternate patients were treated as ambulant patients and the others as inpatients. All patients received isoniazid and streptomycin. The inpatients showed slightly better results in respect to cavity closure, 64.5 per cent as compared to 45.4 per cent. At the end of six months 22.2 per cent of the inpatients and 19.5 per cent of the outpatients had positive sputum examinations.

Kennedy in Scotland reported that of 129 patients selected at random and treated at home or in the hospital with antimicrobials the results of treatment were the same in both groups.

Kay in Edinburgh compared the treatment of a group of active but not infectious cases of tuberculosis treated in the hospital and a similar group which was treated and permitted to work. The results were the same in each group.

This author reported on 163 patients with active tuberculosis treated with streptomycin and PAS as outpatients. Ninety-six finally required hospitalization and 67 did not.

Disadvantages of Outpatient Treatment

It is apparent from these reports that tuberculosis can be treated successfully on an outpatient basis *in some instances.* Unfortunately it is not possible to predetermine which patients will do well on an outpatient regimen and which will not.

Not considered in the foregoing reports are two major problems:

(1) When patients with active tuberculosis are kept at home many associates become infected. This negates the essential principle of patient isolation in tuberculosis control.

(2) Patients who do poorly during home care

This article was prepared in corroboration with the Publications Committee of the Ohio Trudeau Society, medical section of the Ohio Tuberculosis and Health Association.

frequently have disastrous worsening of disease and may lose their chances for recovery.

Statement of the Ohio Trudeau Society

It is true that the tuberculous patient can rest at home but it is a fact that the vast majority do not take as much bed rest at home as they would get in a hospital. Until the advocates of outpatient treatment have more evidence that has stood the test of time it would seem wise to adopt a conservative course and follow the current recommendations of the Ohio Trudeau Society:

"I. Hospitalization is very strongly recommended for all patients who have active tuberculosis. Even beyond this, each patient should be convinced that hospitalization benefits him medically and the community public health wise. New techniques and even ardor are needed by every physician who sees tuberculosis patients in order to learn how to convince the patient of these benefits. Whenever a patient's refusal or reluctance to accept hospitalization reflects objective shortcomings in hospital, health, and welfare services, the community should be aroused to do something about these inadequacies.

"II. Only after all efforts to hospitalize have failed should the patient with active tuberculosis be treated by a private physician or if necessary by a public clinic. It has been indicated that even after two years of outpatient treatment, 40 per cent of treated patients still have positive sputum.

"When treatment on an outpatient basis is necessary, the patient, if he has infectious tuberculosis, must cooperate in preventive public health measures as outlined by the health commissioner.

"III. If the patient does not cooperate in protecting others as recommended by the health commissioner, enforced isolation should be carried out.

"We believe these three recommendations should be given the widest possible interpretation among professional groups concerned with tuberculosis control."

Treatment of the Prediabetic Woman And Her Infant

The treatment of the woman with prediabetes and of her infant is similar to that of patients with diabetes mellitus. If the metabolic disorder is mild and no complications develop pregnancy can usually be allowed to continue to term. Early delivery is advisable for those with more advanced prediabetes or in those in whom toxemia or polyhydramnios develop.

Cesarean section should be performed only for obstetric complication.—J. Robert Williams, M. D., Philadelphia: *J. Arkansas M. Soc.,* 54:312, January, 1958.

Selective Readings . . .

The Physician-Writer's Book—Tricks of the Trade of Medical Writing, by Richard M. Hewitt, A. M., M. D., Senior Consultant, Section of Publications, the Mayo Clinic; Associate Professor of Medical Literature, the Mayo Foundation, Graduate School, University of Minnesota, 415 pages, with about 40 figures and several tables. ($9.00. *W. B. Saunders Co., Philadelphia 5, Pa.)* If there is any physician in America who has had the experience and who is capable of producing a book on medical writing, it is the author of this splendid text. Dr. Hewitt has spent his professional life in medical writing and editing. He has had ideal preparation for such a task for he was formerly a high school teacher of English and was assistant editor of *The Journal of the American Medical Association* for three years, under the editorship of Dr. Morris Fishbein.

Every physician who even occasionally writes an article should have this book. Experienced medical authors, medical editors, and the large group of nonmedical personnel engaged in various phases of medical communications will derive much benefit from the text. It is unquestionably one of the best books in this special field in which few texts have been written. Dr. Hewitt is a Past-President of the American Medical Writers' Association and is Chairman of the Association's Educational Committee.

The Habit of Tobacco Smoking, by W. Koskowski, M. D. ($5.00. *Staples Press, Ltd., London,* United States distributor, *John de Graff, Inc., 31 East 10th Street, New York 3, N. Y.)* During the 460 years since the discovery of tobacco by the white man this magic plant has played an important part in the history of civilized society. It has been considered a panacea for all ailments and maladies. It was believed for a long time to have had a mysterious influence on the minds. Not only has it been of great significance in the economic life of mankind, but it has also played an important role in the psychological, social, and biological development of human society.

Throughout, tobacco has also had its opponents. Current medical research has found a relationship existing between the incidence of certain disease and the smoking of tobacco. The author of this work attempts to discuss the tobacco habit objectively both from the historical and the medical current controversy about the extent of this relationship. This book provides a handy and authoritative reference.

Bilateral Avulsion of Quadriceps Tendon—Case Report

MILLARD C. BEYER, M. D.

A COLORED male patient, age 52, was seen on October 7, 1956, with an injury to his left leg following a minor automobile accident in which he collided with a utility pole. He stated that his left knee hit the dashboard of the car and he felt something snap; also that he felt a sudden pain in the region of his left knee at the time of impact with the pole.

The patient was admitted to City Hospital and on examination there was a definite depression just above the patella. The patella was in the usual position but was freely movable and there was present a moderate hemoarthrosis of the left knee. Roentgenograms taken at the time of admission to the hospital, in the anteroposterior, lateral, tunnel and tangential projections revealed nothing unusual except a mild osteo-arthritis.

Operation

On October 13, 1956, the knee was explored and it was found that the quadriceps tendon had been avulsed from the superior portion of the patella leaving practically no fragments of the quadriceps tendon attached to the patella. The laceration extended laterally. Prior to the operation the patient was not able to extend the left knee. A drill hole was passed transversely through the patella in the upper portion and a small wire was passed through the drill hole and then through the quadriceps tendon and the tendon was brought down to the patella and held there by means of the wire suture. Additional sutures of black silk were used to close the lateral expansions and the transverse incision of the skin was then closed. A circular plaster splint was applied from the ankle to high in the thigh.

On November 6, 1956, the plaster splint was removed and active and passive exercises were started. The patient on November 26, 1956, was weight bearing, doing quite well and was ready to return to work.

The Second Accident

On November 30, 1956, while getting out of his car, his foot slipped and he felt a sudden sharp pain in the region of his right knee. He was admitted to Akron General Hospital and the clinical findings were the same as for the left knee. On December 4, 1956, he was taken to surgery and through a transverse incision the same findings were present as in the other knee and the same procedure was done as on the left knee. No plaster splint was applied this time, a compression bandage was applied postoperatively and the patient was allowed to walk. On January 18, 1957, there was no atrophy of either quadriceps and the patient returned to work on February 19, 1957.

A section of the tendon was submitted to the laboratory for microscopic examination and it was found to be composed of dense white hyaline fibrous connective tissue with a tendency to increased vascularity and a fairly diffuse mononuclear inflammatory infiltrate was present.

The Author

- **Dr. Beyer, Akron, is a member of the Orthopedic Staff, Akron City Hospital.**

Discussion

Watson-Jones states that bilateral avulsion of the quadriceps tendon is not uncommon. The clinical findings parallel the findings of the case in discussion. He further states that if the tendon is not repaired ossification of the hematoma usually develops. He recommends a longitudinal incision and also recommends suturing through the portion of the tendon that is attached to the patella. In the case presented there was no tendon to suture to. Watson-Jones does not feel that external fixation is necessary.

K. T. James reported a case of bilateral avulsion of the quadriceps tendon in a patient 66 years old. In the case he describes, the patient had fallen down the stairs and the second avulsion occurred when he was hopping across a landing to get help and the other side gave way. The repair in his case was done with kangaroo tendon. He states that the same mechanism is present to produce the injury as to produce a transverse fracture of the patella by indirect force and he feels that the incidence of the injury is extremely low.

Summary

A case of bilateral avulsion of the quadriceps tendon with an interval of approximately eight weeks between the two injuries.

Bibliography

James, K. T.: Bilateral Rupture of the Quadriceps Tendons. Brit. M. J., 2:1369, 1938.

Hincamp, J., and Pellicore, R.: Bilateral Rupture of Quadriceps Tendons. Arch. Surg., 74:4:562, 1957.

Ironer Burns of the Child's Hand

A Problem in Accident Prevention

PHILIP A. WEISMAN, M.D.

THE purpose of this report is to call attention to the burn produced by the household electric ironer or mangle and to suggest measures to treat and to prevent this tragic injury of childhood.

Although the automatic ironer has been available to the public for over 35 years, few writers have described the ironer burn and its very typical characteristics[1,2,3,4]. Since January 1, 1954, four children with ironer burns of the hand have been admitted to Dayton hospitals. A fifth patient with deformities secondary to his childhood ironer burn has been seen in consultation.

Clinical Findings

The circumstances of the accidents and the clinical findings have been strikingly similar. The children were between 15 months and four years of age. The mother momentarily left the room in which she was ironing. The child investigated the ironer and pushed the starting button. The rotating cloth covered rollers drew the other hand into the machine. With the hand trapped and the hot metal shoe resting against the dorsum, the flesh was deeply burned before the mother could release the hand (Fig. 1).

In all cases the back of the hand suffered a full thickness burn of the skin while the palm escaped injury (Fig. 2). In three patients extensor tendons were exposed by the burn. Nail beds were badly damaged in four of the cases. In two of the patients finger joints were involved, and in three the dorsum of the wrist and forearm was burned. In all instances the thumb and thumb web space escaped serious injury.

Treatment

Excellent references to the treatment of thermal burns of the dorsum of the hand are listed in the bibliography[5,6,7,8,9], and it is not our purpose to review this subject. However, some observations concerning our experiences with three of the acute burns may be helpful to others who care for these injuries.

The children were referred for reconstructive surgery between two and four weeks after their accident. Definitive surgery could have been accomplished earlier and convalescence shortened had the transfer been more prompt.

The Author

● **Dr. Weisman, Dayton, is a member of the staffs, Department of Plastic and Reconstructive Surgery, at Good Samaritan, Miami Valley, and St. Elizabeth Hospitals; consultant, plastic and reconstructive surgery, Wright-Patterson AFB Hospital, and Brown VA Hospital.**

Utilizing local skin flaps and split thickness skin grafts it was possible in all cases to obtain early healing (Fig. 3-a) and good grasp function (3-b) with a single surgical procedure. The operations were meticulous and time consuming, requiring from three to five hours. However, the children were in good condition, and with tourniquet ischemia there was minimal loss of blood.

In each instance granulation tissue was debrided away, down to normal tissue. The eventual softness and pliability of the skin-grafted areas is attributed to this maneuver.

In none of our patients was there any doubt concerning the full thickness depth of the burn. However, since even deep second degree burns of the dorsum of the hand are prone to scar contracture in extension, one should not hesitate to excise questionably viable skin at the time of early grafting.

Grafts were removed from the thigh with a dermatome calibrated to thicknesses of .009 to .011 inches. In these young children this thickness of skin produced a good functional surface for the dorsum of the hand.

In one patient the junction of graft and normal skin fell along the dorsal lateral aspect of two of the fingers. Linear extension contractures would have occurred in these areas were they united as they lay. Accordingly, an immediate Z-plasty was done between skin graft and normal skin at the initial skin-grafting operation. Soft scar without contracture resulted (Fig. 3-a).

In three patients tendon was bared and in one an interphalangeal joint was open. Nevertheless these areas were grafted successfully with split

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From the Plastic Surgical Services of Good Samaritan, Miami Valley, and St. Elizabeth Hospitals, Dayton, Ohio.

skin. Soft tissues were drawn together over the exposed joint with a buried catgut suture.

A bulky tie-on pressure dressing was applied to the hands and the fingers were immobilized on volar plaster of paris splints in semiflexion. No splinting was continued beyond the 15th to 19th days, although in one patient some intermittent elastic traction was applied for a few weeks thereafter to mobilize the fingers in flexion. All patients had good return of flexion. No extension contractures of the metacarpal-phalangeal joints have occurred.

Two of the three children were permitted to return home between initial surgery and the change of dressing under anesthesia at one week. All dressings were discontinued between the 15th and 19th days, after which the hands were washed daily by the parents and protected with white stockings for another week.

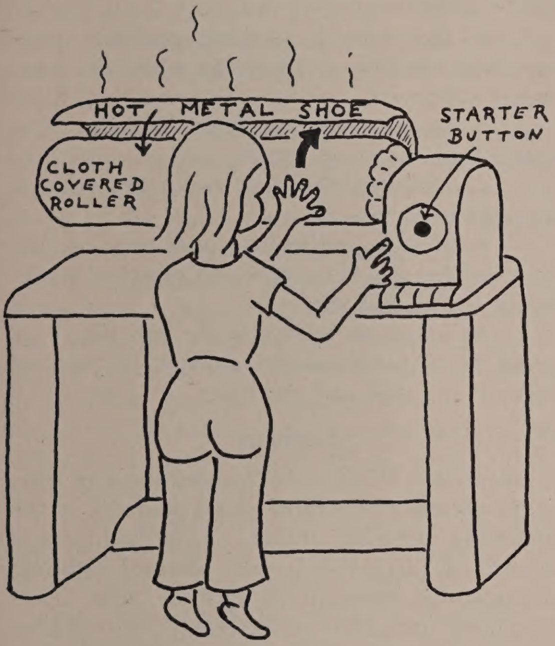

FIG. 1. Mechanism of Ironer Burn: When the child presses the starter button the roller turns. The hand resting on the roller is drawn into the ironer. The hot metal shoe comes down on the dorsum of the hand, which is trapped and burned.

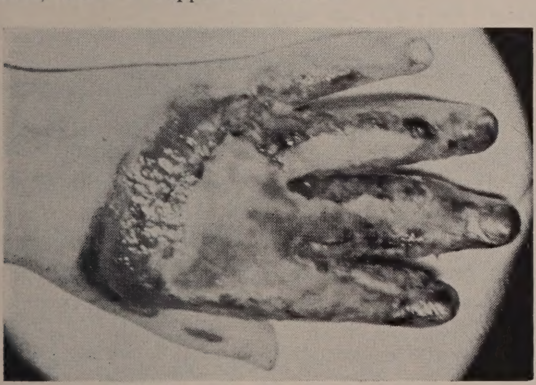

FIG. 2. Case 1. C. R. Age 27 months. Ironer burn of left hand with full thickness destruction of skin, injury to nail beds, and eventual exposure of some tendons and joints. Photograph 28 days after burn shows unseparated eschar.

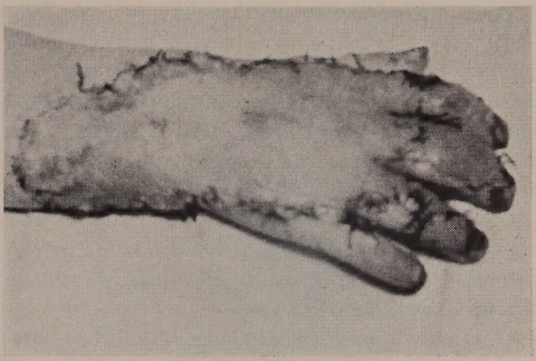

FIG. 3-a. Case 2. T. M. Age 17 months. Ironer burn of right arm and hand with destruction of skin, nail bed injury, and exposure of extensor tendon of long finger. Fitted split thickness skin graft applied 19 days after burn. Photograph 8 days after operation shows complete take of graft. "Z-plasties" between graft and unburned skin of ring and index fingers were done to prevent dorsal linear scar contractures.

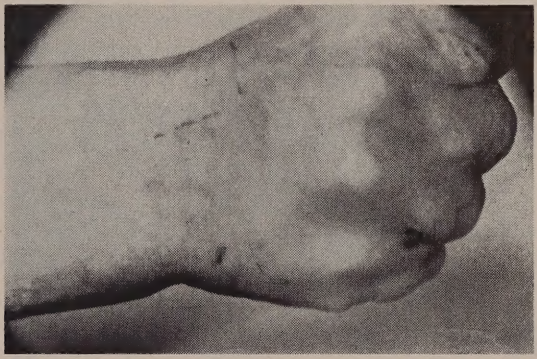

FIG. 3-b. Case 2. Photograph two years after primary repair shows child's ability to make a normal fist. Note web formation between bases of fingers.

A shortcoming of the repairs from the esthetic standpoint has been web formation in the interdigital spaces (Fig. 3-b). The webs have occurred because the skin grafts were not sufficiently large to permit resurfacing both the dorsum of the fingers, portions of the lateral aspects of the fingers, and the web spaces with one piece of skin. It is suggested that web formation might be avoided by utilizing one skin graft to resurface the dorsum of the hand itself and also the web spaces, and additional grafts to resurface each finger individually.

In the most severely burned patient the phalangeal bones of the index, long, ring, and little fingers were extensively exposed, extensor tendons were burned away, and in fact the little finger had dropped off before we first saw the patient (Fig. 4-a). At surgery each phalanx was carefully chiseled and rongeured in an attempt to reach vascular bone. Only the proximal phalanges were found to bleed. The middle and distal bones were sacrificed. The proximal phalanges were resurfaced by turning back the volar skin and soft tissue flaps which remained. The fingers and flaps were sutured together side by side thereby creating a "mitten hand" and diminishing the area to be resurfaced.

At a later time the phalanges will be separated and the sides of the fingers skin-grafted. In the meantime the child uses her hand well. She is able to hold a pencil and pick up a coin with the injured hand (Fig. 4-b).

Prevention

In its "Standard for Flat Irons and Ironing Machines," published in 1954, the Underwriter's Laboratories, Inc. specify a plainly labeled manual release mechanism to permit emergency separation of the hot shoe and cloth roller. This would seem to be good protection for the adult but no protection for the youngster who cannot read. There is no specification for safety design to prevent the childhood accident which is the subject of this report. In our cases the ironer had been turned off. Nevertheless, a child less than four years of age was able to operate it.

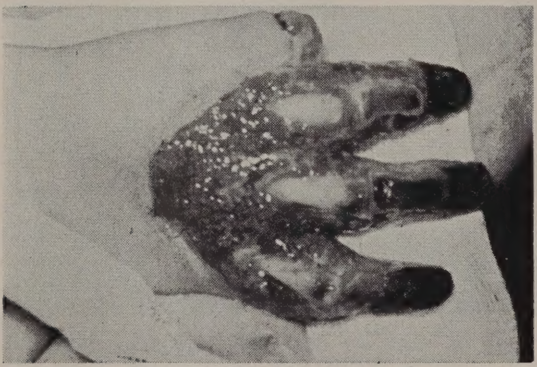

FIG. 4-a. Case 3. A. M. age 3 years. Ironer burn of left hand with destruction of distal and middle phalanges of index, long, ring, and little fingers. Photograph 25 days after accident shows absence of little finger, necrotic distal and middle phalanges, and viable proximal phalanges.

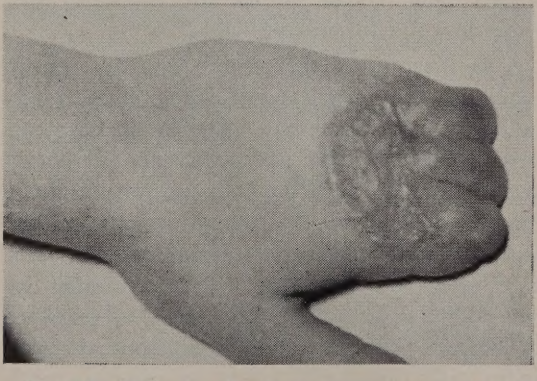

FIG. 4-b. Case 3. Appearance 4 months after initial repair. The proximal phalanges have been resurfaced with volar flaps. The knuckle area has been skin grafted. The little finger has been amputated through the metacarpal to produce a smoother contour. A "mitten hand" has been created. The fingers will be separated as a secondary procedure. In the meantime the child has good grasp function.

Total prevention of the ironer burn in children should be possible. It is primarily an obligation of the appliance manufacturers. The following additional safety features are suggested for the child's protection.

1. A foot control requiring moderate pressure and releasing automatically when the pressure is withdrawn.
2. A current inlet switch to disconnect the ironer from the house current.
3. An additional ON-OFF switch in a position inaccessible to the child.
4. A safety legend in bold print warning that both switches should be turned off except when the ironer is in actual use.
5. An automatic release of the iron shoe triggered by a predetermined amount of pressure between the shoe and the roller.

Summary

Attention is called to the characteristic deep burn of the dorsum of the child's hand produced by the household automatic ironer. Early healing and satisfactory function have been obtained with one skin-grafting operation in each of three cases. Optimum correction of deformity will require secondary elective surgery.

The ironer burn is a preventable accident. Adequate safety design is an obligation of the appliance manufacturer. Some safety features to protect the child are suggested.

References

1. MacCollum, D. W.: Burns of the Hand. J. A. M. A., **116**:2371-2377, May 24, 1941.
2. Webster, G. V., and Rowlan, Lt. W. D., M. C. U.S.N.R.: Skin-Grafting the Burned Dorsum of the Hand. Ann. Surg., **124**:449-462, August, 1946.
3. Posch, J. L., and Weller, C. N.: Mangle and Severe Wringer Injuries of the Hand in Children. J. Bone & Joint Surg., **36-A**:57-64, January, 1954.
4. Posch, J. L.: Injuries to the Hand in Children. Am. J. Surg., **89**:784-794, April, 1955.
5. Bunnell, S.: Surgery of the Hand. ed. 3, Philadelphia, Lippincott Co., 1956.
6. Braithwaite, F., and Watson, J.: Some Observations on the Treatment of the Dorsal Burn of the Hand. Brit. J. Plast. Surg., **2**:21-31, April, 1949.
7. Farmer, Wing Cmdr. A. W., R. C. A. F., and Woolhouse, Surg. Lt. Cmdr. F. M., R. C. N. V. R.: Resurfacing of Dorsum of the Hand Following Burns. Ann. Surg., **122**:39-47, July, 1945.
8. Greeley, P. W.: Plastic Repair of Extensor Hand Contractures Following Healed Deep Second Degree Burn. Surgery, **15**:173-177, January, 1944.
9. Pick, Maj. J. F.: Dermoplasty of Healed Burned Dorsum of the Hand. J. Internat. Coll. Surgeons, **8**:217-224, May-June, 1945.

Carcinoma of the Cervix with Metastasis—A Case Report

ANTON W. OELGOETZ, M. D.

THIS 48 year old white woman was first seen at St. Ann's Hospital for Women. Her chief complaint was bleeding from the vagina. Examination disclosed a large friable, bleeding tumor arising from the upper lip of the cervix. Biopsy proved the mass to be a squamous cell carcinoma, grade 4. She was transferred to University Hospital for radiation therapy.

On February 20th she received deep x-ray to the mid-pelvis to control bleeding. She was sent back to the outpatient department to be followed and to be returned in one week for radioactive cobalt application.

On March 1st she was taken to surgery. Another biopsy specimen was taken which verified the previous diagnosis, and radioactive cobalt was inserted. On March 14th, she was again taken to surgery and radioactive cobalt inserted.

Pelvic examination at this time showed the cervix to be enlarged, quite firm, not bleeding. The uterus was enlarged and the cervical lesion showed signs of necrosis from previous radiation. There was no palpable extension of the tumor into the adnexa. She was sent back to the outpatient department to be followed and to continue external radiation.

Between March 17th and December 11th, nine Papanicolaou smears were made and studied; all of them were negative for abnormal cells.

About March 20th, she began to manifest an atypical nervous reaction; many times each day she would suddenly cry out in fear, plead for help, and then develop a mild convulsion. The convulsions were of the Jacksonian type, but did not seem to be localized to any particular part of the body. She was transferred to Receiving Hospital where she was observed and treated for five weeks. She was extremely nervous, complained of epigastric pain following meals and she became very constipated.

Because it was felt that she might be suffering from an incomplete obstruction of the colon she was sent back to University Hospital. A complete physical examination was made, including barium enemas. All tests proved negative. She was not distended, no organs or masses were palpable, the abdomen was not tender anywhere, and bowel sounds were normal. She was given castor oil with good results. The Papanicolaou test was again negative. Because the symptoms were believed to be of nervous origin she was referred back to Receiving Hospital.

The Author

● Dr. Oelgoetz, Columbus, is a senior member of the medical staff of Mercy Hospital, and of St. Ann's Hospital for Women.

Following a further period of observation and treatment, she was discharged to her home on December 6th. The diagnosis at this time was: Status post-Cobalt treatment for squamous cell carcinoma of the cervix; anxiety neurosis; phychophysiologic gastrointestinal reaction.

The writer was called to the home on December 10th and found the patient in bed, suffering from repeated episodes of the same fear-convulsion syndrome. The convulsions were growing more frequent and more severe. She was sent to Mercy Hospital on December 11th.

At this time she was obese, not edematous, not distended, the abdomen was not tender anywhere, but she appeared extremely ill. The cervix and vaginal vault were completely healed. No masses were palpable in the abdomen and the kidneys were not palpable. The only positive findings were a high blood urea nitrogen determination (80), and repeated catheterization disclosed a complete anuria.

She was given intravenously, slowly, continuously 3,000 cc. of 5 per cent glucose in water in an effort to overload the circulation with fluid and thus force urinary secretion by means of the water thrust of Volhard. Although 3,000 cc. of fluid were given daily for six days, she did not become edematous. The convulsions continued more frequently and more severely, until they could only be controlled with large doses of paraldehyde. On her sixth hospital day she lapsed into a deep, typically uremic coma and quietly expired.

Autopsy Report

By RUDOLPH H. VAN DER HOEVEN, M. D.

While the autopsy was thorough and complete, only relevant matters will be recorded here.

Duodenum. The duodenum is smooth and the mucosa is of normal appearance in the first portion, but in the second portion the wall is very

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From the Medical Department, Mercy Hospital, Columbus, Ohio.

rigid and there are a tremendous number of nodules, suggesting a local tumor in this area.

Pancreas. The head of the pancreas is unusually firm and surrounds the duodenum in such a way by white material that I get the impression that there is a primary cancer of the head of the pancreas.

Adrenals. The left adrenal contains an adenoma about 3 cm. in diameter; the right adrenal contains a similar adenoma.

Kidneys. The kidneys are surrounded by a capsule that in both lower poles is extensively infiltrated by firm white tissue replacing most of the fatty tissue of the capsule. On sectioning the kidneys, the parenchyma shows normal cortical medulary markings and there is no reduction in the parenchyma visible. The fatty tissue surrounding the pelvis has been replaced by white cancerous tissue. The pelvis is somewhat dilated but completely embedded in this firm white tissue. The hilus of the kidneys is completely surrounded and infiltrated by the same firm white tissue that further extends to the retroperitoneal space surrounding the aorta and vena cava. It extends also along the ureters, embedding the ureters all the way into the bladder. This is part of a very extensive infiltration of retroperitoneal tissues.

Both ureters can be opened but only with much difficulty. There are several areas where the ureters are extremely compressed. On cross section the right ureter is about the thickness of a little finger, and shows practically no lumen. The mucosa however, is everywhere intact; the tumor is outside the mucosa.

Retroperitoneal Organs. The retroperitoneal organs are so unusually firm that the aorta and vena cava are firmly matted together. Opening the vena cava shows that several places the tumor from the outside perforates and grows into the wall and into the lumen. The aorta is especially narrowed in its upper portion due to compression from the outside. The tumor can be seen from the inside.

Anatomical Diagnosis

1. Extensive retroperitoneal infiltration of this cancer involving the hilus of both kidneys, surrounding tissue of ureters, vena cava, aorta and pelvic organs, including the rectum.
2. Bilateral compression of ureters.
3. Bilateral adenomas of adrenals.

Microscopic Examination

Duodenum. The duodenum is sectioned at the very place where the choledochus duct enters the duodenum. The muscular wall and the mucosa show no pathologic condition, but immediately following this there is tremendous infiltration with tumor. Part of the muscle, however, is very heavily infiltrated with tumor too.

Pancreas. The pancreas shows very heavy infiltration with tumor.

Kidney. The kidneys show mildly dilated tubules in the cortex and medulla. The glomeruli show no pathology. Fatty tissue surrounding the pelvis is tremendously infiltrated with tumor. There are areas with necrosis. The pelvis is compressed by tumor.

Ureter. The wall of the ureters show very little infiltration by tumor. Surrounding the muscle however, is a tremendous mass of tumor, partially necrotic.

Cervix. The cervical tissue is firm and is partially covered by stratified squamous epithelium. There is in numerous places carcinoma that grows in lymph vessels and also more diffusely between the tissue spaces.

Uterus. A section through the wall shows no mucosa. The wall, however, is infiltrated by tumor growing in cords in very small lymphatics.

Brain. Sections through several areas of the brain show no major pathologic condition.

Microscopic Diagnosis

1. Undifferentiated squamous carcinoma in lymphatics in cervix, uterus, ovaries and wall of bladder.
2. Massive carcinomatous infiltration in retroperitoneal tissue and fatty tissue surrounding ureters, renal pelves, duodenum, spleen and vena cava.
3. Bilateral cortical adenomas of adrenals.

Discussion

This case is remarkable in that there were absolutely no physical signs at any time indicating the massive invasion of cancer, which had frozen the entire abdomen and its contents into one solid, cement-like mass. The malignant cells invaded every tissue except the mucosa and the parenchyma of the glands, where it abruptly ceased. The duodenum, for example, was completely surrounded by the hard unyielding mass, involving all layers of the gut, down to, but not involving the mucosa. The lumen of the bowel was not encroached upon; even the mucosal pattern was normal. This is the reason why barium studies were negative.

The kidneys were embedded in the dense mass, compressed from without so that urinary secretion was prevented by external compression of the kidneys and ureters. The pelves of the kidneys were filled with the white mass, down to, but not including the parenchyma. The surrounding fat was solidly infiltrated, indicating that the malignant cells had infiltrated by direct extension, as well as through the lymphatics. Peculiarly, the lungs, liver and brain were spared.

The cervix was healed and showed no evidence of the primary tumor site. This probably explains the failure of the Papanicolaou tests. The peritoneum was everywhere covered with fungating masses of cancer, right in the path of the x-rays.

Conclusions

1. The case is informative in that all physical signs failed even in the presence of massive malignancy, and again proves the validity of William J. Mayo's dictum: "The abdominal wall still remains the greatest hindrance to accurate diagnosis";
2. Except for control of hemorrhage, radiation was ineffective;
3. The Papanicolaou test is unreliable after irradiation.

The Significance of Fever In a Convulsing Patient

The presence or absence of fever in a convulsing patient offers another criterion for orientation. In cases of simple febrile convulsions the fever is usually high and has risen very rapidly. In fact, the appearance of the convulsion may be the first thing to bring attention to the patient's fever.

When fever has been present for some time, however, before the convulsion has occurred, some cause in addition to the fever should be sought. Acute brain diseases such as meningitis, encephalitis, brain abscess or cerebritis associated with acute otitis or mastoiditis and cerebral vascular accidents complicating acute infectious diseases are the general possibilities in this instance.

Other causes of convulsions which may or may not be associated with fever are subarachnoid or subdural hemorrhage. Subarachnoid hemorrhage is not too frequently associated with trauma, while the subdural hemorrhage, occurring more commonly in infants before the age of two years, usually follows trauma of some sort. A preretinal hemorrhage, sometimes of large proportions, is not infrequently present with hemorrhage either in the subarachnoid or subdural areas. This finding is not pathognomonic, but is strongly suggestive in patients with convulsions. When no fever is present one's attention is directed toward cerebral vascular accidents, hypertensive encephalopathy, degenerative diseases of the brain, a group of congenital disorders and brain tumor.—Larry L. Calkins, M. D., Kansas City, Kans.: *South Dakota J. Med. & Pharm.,* 10:437, November, 1957.

Franklin County Pelvic Cancer Delay Committee Report

By JOHN H. HOLZAEPFEL, M. D.
Columbus, Ohio, Chairman

The Franklin County Pelvic Cancer Delay Committee met at the Columbus Health Center on January 15, 1958, at 12 o'clock noon. Three cases were presented.

Case No. 50: The patient, a 33 year old female Negro who was seen in the Pre-Natal Clinic for routine prenatal Care, gave the history of last menstrual period November 10. She was seen the following June. Papanicolaou smear taken and was reported as Class IV. Patient was admitted to hospital. Biopsy revealed carcinoma in situ. She was re-admitted to the hospital in July. Conization revealed carcinoma in situ. Patient delivered in August. She did not return to prenatal clinic. The patient was seen again in December and found to be pregnant. Again biopsy reported as carcinoma in situ.

Comments: Patient did not return for postpartum checkup. Every patient should, and particularly those with associated disease such as a carcinoma. This patient will be followed. There was six weeks patient delay; three and one-half months institutional delay.

Case No. 51: Carcinoma of the pelvis proven grossly on routine examination at State Hospital in August. Biopsy revealed poorly differentiated carcinoma of the cervix. Patient was in clinical stage 3. From August to September she received 3,000 r. external therapy. She was admitted to University Hospital in December for cobalt therapy. Interval between therapy due to inability to have patient admitted to hospital.

Comment: Three months institutional delay.

Case No. 52: This is a 57 year old white inmate from the Columbus State Hospital with intermittent vaginal bleeding for a period of 18 to 24 months. Papanicolaou smear reported as 3 plus. Patient was given 6,800 r. central therapy with cobalt in April. This patient had no external therapy.

Comments: No immediate follow-up was made when this patient finished central therapy. This prevented adequate therapy in the sense that no external radiation could be maintained. Two months institutional delay.

Treatment of Severe Infection In the Premature Infant

Septicemia and bronchopneumonia are more hazardous in a premature than in a full-term infant because of the decreased amount of maternal antibody transferred across the placenta and because of the premature infant's inability to localize infection. Therefore, any infection has to be treated vigorously and promptly with appropriate antibiotics. Generally, the avoidance of prophylactic antibiotics is advisable unless the infant has been exposed to infection at birth. In case he contracts a severe infection later, he will be more likely to respond to antibiotics if he has received none previously.—Ruth McChesney Yohe, M. D., Des Moines: *J. Iowa M. Soc.,* 48:70, Feb., 1958.

Retinal Detachment

A Case Report on Preventable Blindness

WILLIAM H. HAVENER, M.D.

A BLIND EYE is a serious loss to both patient and community. Awareness of the preventable nature of a significant portion of this blindness should help in reducing the incidence of such tragedies. The representative cases to be presented here are selected to emphasize relatively common causes of blindness which can in many instances be averted by proper, timely care.

Case Report

This 20 year old white female first visited the eye clinic seven months after the onset of visual difficulty. The initial symptom was the presence of many small dark "floaters" before the right eye. Within several weeks there was gradually progressive loss of the upper visual field of this eye. This field loss subsequently extended to involve all but the inferior peripheral vision. There was no history of ocular injury or inflammation, or familial eye disease. The patient was four diopters myopic.

Examination showed a very elevated detachment of the lower two-thirds of the right retina. The macular region was detached. Several retinal tears were visible in the far periphery. The "normal" left eye exhibited advanced peripheral chorioretinal degeneration.

Retinal diathermy with scleral resection was performed. This operation was successful in reattaching the retina, however, central vision was not regained. Vision is recorded as light perception in the inferior field only.

Discussion

Almost certainly the seven months' neglect of this eye contributed to its loss. Retinal detachment should be considered as an emergency, for its rate of progression cannot be estimated. Should the macula become detached, central vision will be permanently lost despite surgery. Total detachment is inoperable. With time, a detached retina undergoes irreversible degeneration.

By means of the various techniques of retinal diathermy, scleral resection, and vitreous implantation it is reported that 60 to 80 per cent of retinal detachments can be cured. Prompt care and good patient cooperation contribute significantly toward good results.

Recognition of the existence of a detachment is greatly facilitated by the characteristic history of multiple "floaters" of rather sudden onset, followed by gradual loss of a portion of the peripheral field. Often a night's rest will permit the retina to settle, partially restoring vision, and falsely reassuring the patient. Ophthalmoscopic examination will show varying degrees of elevation of the retina, most marked in the far periphery. Proper mydriasis (as with 10 per cent Neosynephrin®) is absolutely mandatory in examination of a patient with this type of history. A far peripheral detachment (the early stage, giving best operative results) will be completely hidden behind a small pupil.

Myopia, trauma, and senile degenerations are the common causes of retinal detachments. Not all myopes, but only the 1 per cent with premature degenerative changes are susceptible. Very often both eyes become detached. Patients with this type of chorioretinal degeneration should avoid shocks such as may be sustained in football or diving, and should be alerted to report to their ophthalmologist at the first sign of floaters or field loss.

The Author

Dr. Havener, Columbus, is on the attending staff at University Hospital, and Acting Chairman, Department of Ophthalmology, The Ohio State University College of Medicine.

Adenovirus Vaccine Is Not A Common Cold Vaccine

"It should be noted that adenovirus-caused respiratory disease is a benign and spontaneously regressive illness of relatively infrequent occurrence in adult civilians. Based on the present indication of low incidence, general use of the vaccine in adult civilian populations at this time is not justified and cannot be recommended.

"Cognizance should also be taken that adenovirus vaccine is not a common cold vaccine. In fact, in a study at Fort Dix, the vaccine was essentially without effect in reducing the incidence of mild febrile or afebrile respiratory illnesses falling into the clinical category of the common cold."

All of the foregoing underlines two most important considerations: (1) the common cold is without doubt caused by viruses, and the new methods do permit progress to be made in its study; (2) there is need for a concentrated research program at this time, as each day of delay is costing industry millions of dollars.—*Industrial Med. & Surg.*, 27:37, January, 1958.

MATERNAL HEALTH IN OHIO

TOPIC THIS MONTH:

Maternal Deaths* Involving Cerebral Hemorrhage

Case No. 31

This patient was a 25 year old white Para I, abortus I, who died 38 days postpartum. Her past history showed *thrombophlebitis* of the left leg in 1952 and albuminuria in 1953; the cause was undetermined. In 1954 she had a spontaneous early abortion. Her prenatal care was considered adequate; last menstrual period May 27. She delivered at term spontaneously with second degree lacerations of the perineum on March 6. The placenta was expelled spontaneously and the first postpartum day was uneventful. On the second postpartum day she developed bilateral thrombophlebitis. Anticoagulant therapy was started. On the fifth postpartum day she developed massive pulmonary infarcts and an internist was called in consultation.

In spite of a low grade fever the patient's condition improved until approximately the fourth week postpartum, when she developed severe headaches not relieved by morphine. On April 7 she became lethargic and showed a fixed dilated right pupil. She was transferred to another hospital, became comatose and developed severe generalized convulsive seizures of a decerebrate type. Her condition deteriorated rapidly. She died April 13; an autopsy was performed.

Pathological Diagnosis: Subdural hematoma, diffuse softening of the brain; lung infarcts (3 weeks old) pulmonary edema; bronchopneumonia; hemorrhage into renal pelvis and psoas muscle; retained secundines; decerebrate rigidity five days.

Comment

The Committee considered this a nonpreventable maternal death. Several missing aspects of the history provoked questions in retrospect. What was the patient's weight? Did she wear elastic hose during the antepartum period? In view of her past history, was wrapping the legs in the immediate postpartum period considered? Was she ambulated in the immediate postpartum period? Might not a quick thorough manual exploration of the uterine cavity have been done after the third stage? What experience had the internist had in similar cases? Was ligation of the inferior vena cava more than a casual consideration on the fifth postpartum day?

Only two members of the Committee ever had any experience with bilateral deep vein thrombosis, but felt that probably a vascular surgeon should have been called as a consultant on the fifth postpartum day.

Case No. 65

This patient was a 22 year old Para 0, abortus II, cesarean I, who died 29 hours postsection. Her past history showed spontaneous abortion at 11 weeks in 1947, a spontaneous abortion at 12 weeks in 1950, and an appendectomy in 1953. Her prenatal history was not known; the last menstrual period was February 10.

She was admitted to the hospital June 11 in the 17th week of gestation with the clinical diagnosis of cerebral aneurysm (circle of Willis) with subarachnoid hemorrhage, which was later confirmed by arteriograms. She was transferred to another hospital August 2, after suffering her third relapse. On August 4 (at 24 weeks gestation) the membranes ruptured spontaneously. Twelve hours later, while patient was in a comatose condition, a cesarean section was done without anesthesia and she was delivered of a 1 pound, 2 ounce, living fetus, which died shortly thereafter. Details were not reported.

The patient died 29 hours later without gaining consciousness. Autopsy permission was not granted.

Cause of Death: Acute, massive, subarachnoid hemorrhage; aneurism, circle of Willis; pregnancy uterine, 6 months, delivered by cesarean section.

Comment

By a narrow margin the Committee voted this a maternal death of a preventable nature. No member felt that this woman would have recovered completely from her cerebral accident, but members felt that performing a hysterotomy constituted a procedure of questionable benefit, which had no maternal value, although no scientific data are available to prove that normal labor exaggerates the pathology which already exists in this condition. In patients with an irreversible downhill course, where does common sense stop and worthless wasteful heroics begin?

Case No. 210

This patient was a 40 year old white Para III, abortus II, gravida IV, who died 15 hours postpartum. Her past

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

history showed four previous pregnancies: a three month abortion in 1948, an uneventful term delivery in 1949, a two and one-half months early abortion with a dilatation and curettage in 1954, and an uneventful term delivery with moderate preeclampsia in 1954. She also had a history of long term chronic bronchial asthma.

The patient registered in her fifth month, with her last period February 1. Her prenatal course was uneventful and her care was considered adequate; the highest blood pressure was recorded (early) as 144/90. She was admitted to the hospital in active labor in the 37th week of gestation on October 17, with membranes ruptured for 9 hours. After 4 hours and 15 minutes of labor she delivered spontaneously under pudendal block anesthesia without lacerations a living 5 pound, 9 ounce, baby.

Two hours postpartum (5:15 p. m. October 17) she complained of a headache. Her blood pressure was 170/90. Eight cc. magnesium sulfate was given. One hour later the blood pressure was 130/88 but headache persisted. By 11:00 p. m. she had nausea and vomiting, her speech became slurred, and patient responded poorly. Ten hours postpartum blood pressure was 134/88 and the patient was without complaints. Fourteen hours postpartum the patient vomited, but slept soundly. She was found dead at 5:50 a. m., October 18. Autopsy permission was granted.

Pathological Diagnosis: Status 15 hours postpartum; massive pontine hemorrhage with cerebral edema; hyalin thrombi of small arteries and arterioles of brain stem; chronic bronchitis, emphysema; acute membranous glomerulonephritis.

Comment

The Committee considered this a nonpreventable maternal death. Data available do not permit for a clear-cut diagnosis of toxemia in this last pregnancy. Likewise, the Committee could only surmise that postpartum administration of ergonovine may have been a supplemental contributory factor towards the accident.

Comment of Consultant

The following comment of a consultant who is a specialist in Neurological Surgery was given at the request of the Committee.

Case No. 31. It would be our considered opinion that this would represent a preventable maternal death. Whereas, certain pertinent data are not available, we would reconstruct the sequence of events as follows: Upon the second postpartum day, the patient developed bilateral thrombophlebitis and anticoagulant therapy was instituted. We are not informed regarding the prothrombin level thus achieved nor the duration of anticoagulant therapy. One month following delivery she developed symptoms incriminating the central nervous system. Severe head pain was followed by lethargy and a fixed dilated pupil developed upon the right side. This was followed by coma and generalized decerebrate type of seizures. We should point out that these serious neurological signs developed over a period of seven days, certainly ample time to forewarn the medical attendant that a lethal lesion was developing intracranially.

It would be our opinion that the subdural hematoma was caused by the anticoagulant therapy plus a mild trauma to the head. The cerebral edema was secondary to the clot. The clot plus the edema produced a hernia of the uncus and thus the decerebrate state. It is further our opinion that the surgical removal of the subdural hematoma on April 17, before irreversible brain stem changes had occurred, would have saved this patient's life.

Case No. 65. The occurrence of a spontaneous subarachnoid hemorrhage in the course of a pregnancy is a serious complication and frequently due to the rupture of an intracranial aneurysm. Carl W. Rand has recently written upon this subject in *Clinical Neurosurgery,* Vol. 3.

This patient suffered her first subarachnoid hemorrhage on June 11 and the origin of the bleeding was determined by angiography to be an intracranial aneurysm. Unfortunately the exact site of the lesion was not detailed, however. She survived for a period of two weeks, a time most favorable for surgical intervention, whether this be a ligation of the internal carotid artery in the neck or a direct intracranial attack to obliterate the aneurysm. Subsequently, she suffered two other bleeding episodes and it is our opinion that surgical intervention should have been directed toward the lesion on June 25.

Case No. 210. We agree with the Committee that this represents a nonpreventable maternal death. It is very possible that this represents an intrapontine hemorrhage secondary to an aneurysm and that the sac was destroyed by the violence of the bleeding. On the other hand, the glomerulonephritis could have induced the cerebral edema, a hernia of the uncus and thus a pontine hemorrhage.

Studies of the Distribution Of Atmospheric Molds

Molds are widely and abundantly distributed. They may be locally confined, or because of their small size, disseminated into the atmosphere and blown many miles from their origin. Atmospheric molds, like pollen, have diurnal, seasonal, and annual fluctuations.

Studies of the distribution of atmospheric molds indicate that: (1) There is a great abundance of these in the South with less seasonal variations as compared with the North, (2) *Alternaria* and *Hormodendrum* are the most commonly encountered, and (3) *Penicillium* and *aspergillus,* although widely distributed geographically, contribute little to atmospheric contamination.—H. Harold Gelfand, M. D., New York City: *New York State J. Med.,* 58:227, January 15, 1958.

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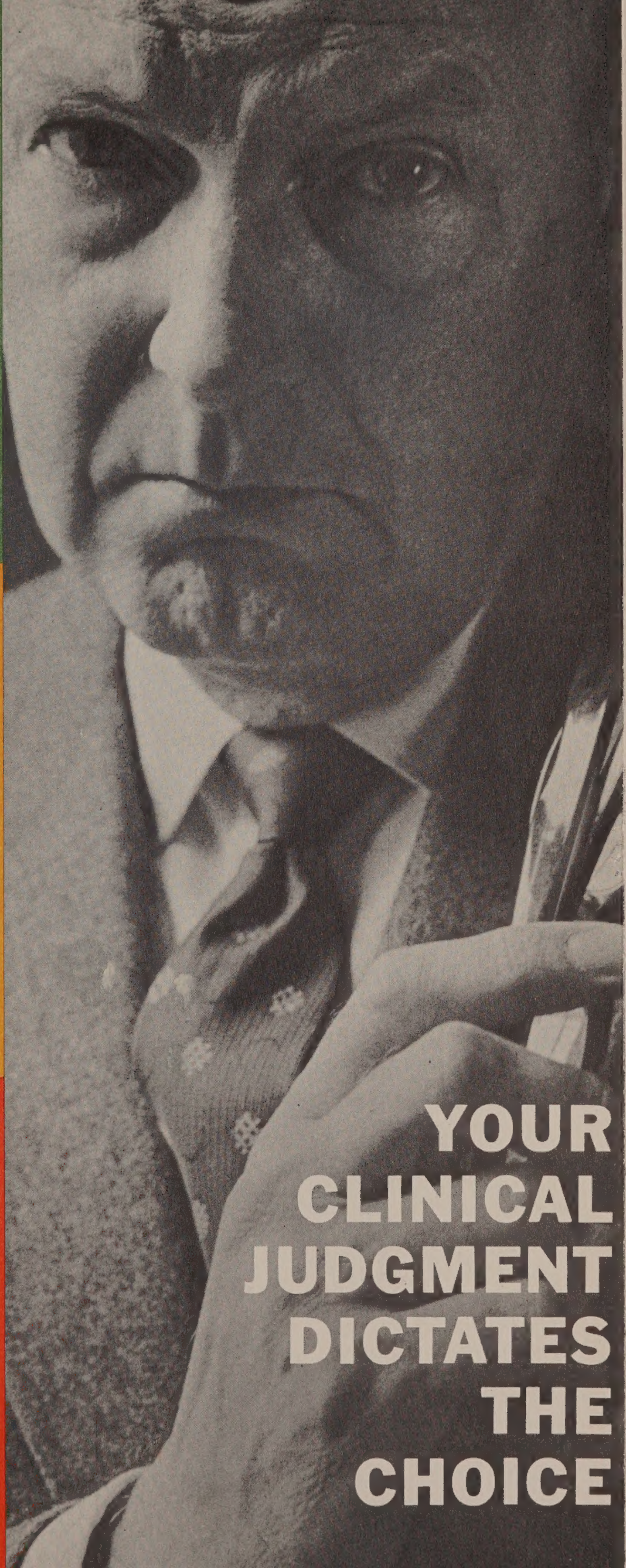
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1. Welch, H.; Wright, W. W.; and Staffa, A. W.: Antibiotic Med. & Clin. Therapy 4:620, 1957.

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A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M. D., ***President***

Presented by

- **George P. Hummel, M. D., Columbus, and,**
- **Emmerich von Haam, M. D., Columbus.**

Edited by Dr. von Haam.

Presentation of Case

THIS 35 year old man was admitted to the University Hospital, Columbus, with the history of anterior right chest pain which he had had for four weeks. It was intensified by deep inspiration and radiated into the posterior thorax between the ninth and twelfth ribs. Associated with the pain, he had an occasional productive cough accompanied by a moderate amount of white sputum without blood. There were no associated chills, fever or night sweats. The pain gradually lessened but he noted instead an increasing shortness of breath and a progressive generalized weakness which persisted until admission. He also noted anoxia and lost 9 pounds in approximately six to eight weeks. Three days prior to admission he was hospitalized elsewhere and treated for his dyspnea. A chest film at that time revealed a hazy shadow between the chest wall and lung.

His past history disclosed pneumonia 14 years ago. His family history and a review of his organ systems proved noncontributory.

Physical Examination

The patient appeared fairly well nourished and apparently in acute respiratory distress with wheezing and labored breathing. His temperature was 99°F., his pulse 100; the respirations were 30 and the blood pressure 125 over 75. The skin appeared slightly cyanotic. The examination of the head and neck was not remarkable. Small nontender lymph nodes were palpable in both inguinal regions; none could be felt in the axillary, cervical, supraclavicular or epitrochlear regions. The chest revealed a slight increase in antero-posterior diameter with slight splinting on the right.

The respirations were labored with the accessory respiratory muscles participating in the breathing motions. The fremitus was increased over the right base. Both lungs showed hyperresonance with the exception of the right base, which seemed to be dull. Bilateral rhonchi accompanied the wheezing breath sounds. The heart rhythm was regular and the heart seemed not enlarged on percussion. The heart sounds were obscured but no murmurs could be heard. The abdomen was not remarkable. The extremities were not remarkable. The neurological examination yielded no abnormal findings.

Laboratory Data

His white blood count was 16,250 with 78 per cent neutrophils; his platelets numbered 1,636,800; the hematocrit was 47 per cent; the sedimentation rate was 1.1 mm. in one hour. A bone marrow examination was reported as normal. The serological tests for syphilis were nonreactive. His blood urea nitrogen was 27 mg.; the blood sugar 122 mg. The thymol turbidity reaction was 5. The van den Bergh was .1 mg. direct and .5 mg. indirect. The total serum proteins were 8.0 Gm. with 4 Gm. albumin and 4 Gm. globulin; calcium was 10.5 mg.; the inorganic serum phosphorus was 4.8 mg., the alkaline phosphatase was 6.4 units.

Electrophoretic analysis of his blood showed a 30 per cent decrease of albumin, a 25 per cent increase of alpha-1 globulin, a 25 per cent increase of alpha-2 globulin; the beta globulins were split, and his gamma globulin was 1.6 times the normal. His urine was normal.

Roentgenographic Data

Postero-anterior and lateral films of the chest showed bilateral hilar adenopathy and partial atelectasis of the right lower and possibly the middle lobe due to bronchial obstruction. The left main-stem bronchus appeared also markedly compressed by the left hilar mass. However, the left lung seemed well aerated. Fluoroscopy of the chest showed a normal size and shape of his heart shadow and confirmed the bilateral hilar adenopathy. There was a right-sided pleural effusion with atrophy of the right diaphragm. A bronchogram seemed not advisable. Because of the pleural effusion the roentgenologist changed his diagnosis from sarcoidosis to that of lymphoma.

Hospital Course

During his hospital stay the patient's temperature remained normal; his respirations fluctuated between 25 and 35 per minute except for several episodes of severe respiratory embarrassment with cyanosis and extremely labored breathing. These were treated with endotracheal intubation and administration of oxygen under positive pressure and helium. Finally he had to be placed in an oxygen tent. He was given a full course of nitrogen mustard in four divided doses administered intravenously.

He suddenly developed a right-sided clonic convulsion followed by cyanosis and expiratory wheezing with intercostal and suprasternal retraction. An endoctracheal tube was passed and oxygen and helium were administered under positive pressure. Gradually the dyspnea decreased and his skin color improved. A biopsy was deferred because of his critical state and the development of clonic contractions in his right upper extremity.

A check of his blood count revealed an increasing leukocytosis of 25,000 with 86 per cent polymorphonuclear leukocytes and a normal erythrocyte and platelet count. He developed two more short episodes of generalized convulsions and several clonic right-sided seizures and was treated with barbiturates. He was started on a course of x-ray therapy and 250 roentgen units were administered to his mediastinum. He expired quietly on the following day, his 13th day in the hospital.

Clinical Discussion

Dr. Hummel: We are dealing here with an obviously thin, young white male patient who came to us with an illness of only four weeks' duration and died two weeks later. His death was apparently caused by bronchial obstruction. He just did not get enough air into his lungs to maintain life. I hesitate to ask whether he was a heavy smoker, but it was not mentioned in the history. He had an episode of pleurisy on the right side and coughed up some white sputum without blood. He did not have any chills, fever or night sweats. His chest pain disappeared after about a week, which I think is the usual thing after fluid appears. He also had anorexia with some weight loss.

The pathology revealed by his physical examination was generally confined to his lungs, and the hyperresonance would suggest that he had a consolidated lesion at the right base. There were enlarged inguinal lymph nodes which were nontender. The cardiac findings were normal, and the abdominal and neurological examinations were not remarkable.

As far as the laboratory tests are concerned, we have a normal red, white and platelet count, normal urine findings and normal blood chemistries. We notice that the electrophoresis showed a decreased albumin and increased globulin fraction, but I don't believe that the electrophoretic analysis is going to help us and I will refrain from any further comment on it. A bone marrow examination was reported as normal.

The important thing during his hospital course was that his temperature remained normal, his respirations stayed rapid, and that in his few remaining days in the hospital he suffered from extreme respiratory embarrassment. Apparently a provisional diagnosis of a malignant process was made and he received a course of nitrogen mustard therapy. Later he developed a right-sided clonic convulsion and apparently almost died from respiratory failure. However, he survived that episode but remained in a critical state with generalized convulsions and several right-sided clonic seizures for which he was treated with barbiturates. He died shortly thereafter, or approximately six weeks after onset of his illness.

Lymphosarcoma?

On reading this protocol it came to my mind that this patient could very well have lymphosarcoma. When you see mediastinal lobulated shadows in the chest x-ray the first diagnosis I would entertain, at least from my own experience, would be that of lymphosarcoma. What facts speak for such a diagnosis and what factors are against it? The observation that the mediastinal enlargement was fairly symmetric would suggest that the patient had sufficient lymph node enlargement to cause bilateral bronchial obstruction. Lymphosarcoma can be present without any anemia if it is an acute sarcomatous type of reaction. On the other hand, a normal bone marrow speaks against such a diagnosis. I don't think there are any other facts which would help me to determine whether this is or is not lymphosarcoma.

Examination of the bone marrow is usually of considerable help, and a lymph node biopsy is of course of even greater help. However, a single bone marrow examination is not too reliable as it only proves that the lymphoma was not present in that particular location. The fact that he died in six weeks also speaks against such a diagnosis.

Could he have an acute Hodgkin's disease? I don't believe that Hodgkin's disease is usually quite that acute, although the course of this disease can be very rapid. It seems also that Hodgkin's disease, and particularly Hodgkin's sarcoma, usually affects older patients, and that pleural effusions are not very common in the course of this disease. The fact that more lymph nodes were affected speaks more for lymphosarcoma than for Hodgkin's disease.

Let us discuss the possibility of some type of leukemia. If he had a leukemic process with only the mediastinal nodes involved, why was he not anemic and why did not the leukemia show up in the blood smear or in the bone marrow? For this reason I am going to put leukemia far down on the list of possible diagnoses.

Could he have suffered from some infectious process and died from an overwhelming infection of some type? The short duration of his illness—six weeks—would rather agree with such a diagnosis, but neither his blood findings nor the absence of a septic type of fever are in favor of such a diagnosis, and I think that an infection has to be considered only a slight possibility. Could he have suffered from some rare condition such as a teratoma or a mesothelioma? I think these also have to be placed at the bottom of the list.

The fact that he developed convulsions and seizures while in the hospital led me to think that he had a bronchogenic carcinoma. Bronchogenic carcinoma, as far as I know, can be one of the trickiest lesions to diagnose. Two recent experiences have taught me this, where we tried all known methods including bronchoscopy with examination of the bronchial washings and removal of a lymph node from the neck, without discovering the carcinoma.

My experience with bronchogenic carcinoma is that when somebody has a chest lesion and develops a convulsion, we had best think of bronchogenic carcinoma with brain metastasis, since the brain is an extremely common place for bronchogenic carcinoma to metastasize to. Most commonly, of course, it metastasizes to the mediastinal lymph nodes and there the metastases are usually unilateral. The fact that this patient showed a bilateral enlargement of his hilar lymph nodes would seem to argue more against bronchogenic carcinoma than any other point which one could possibly mention. The lack of fever and anemia, the pleural effusion, the rapid course, the cerebral signs, and the lack of response to nitrogen mustard and possibly to x-ray therapy, if one may be permitted to judge in so short a time, are all in favor of bronchogenic carcinoma.

The diagnostic study of this individual could not be completed because he was obviously in too critical a condition for biopsies and surgical exploration. He was in terminal state and they started him on nitrogen mustard therapy obviously in the hope of getting him in somewhat better condition so that they could do a biopsy. Whether this would have been a pleural tap or a neck node biopsy, a mediastinal node biopsy or a lung biopsy would be naturally at the discretion of those in charge of the case.

The possibility that the cerebral manifestations could have been produced by nitrogen mustard needs also a few comments. He developed the first cerebral manifestations on the day following his first nitrogen mustard injection. The usual initial symptoms of nitrogen mustard intoxication are gastrointestinal: The patients develop a severe nausea and vomit. The later toxic manifestations of nitrogen mustard usually develop in one to two weeks and affect primarily the peripheral blood picture. The white count may drop in three or four days, but the red cells and the platelets, if they are affected, will show changes in one to two weeks. We have evidence that this boy's blood picture, including the platelets, was not depressed following nitrogen mustard therapy.

Metastasis

So I would like to suggest that it does not seem a very good possibility that nitrogen mustard caused some hemorrhage from one of his cerebral vessels. It is possible that he had a carcinomatous metastasis in the left internal capsule which caused his right-sided Jacksonian seizure and his generalized convulsions.

I should not neglect to mention the diagnosis of Boeck's sarcoid, which the radiologists seemed to favor. I have never seen a case of sarcoidosis of the lungs which developed pleural effusion. My understanding of sarcoid is that it not only shows hilar adenopathy but that it usually shows small granulomas throughout the lung. I have seen and treated one proven case of sarcoid with bilateral bronchial obstruction and pneumonia with fever up to 106°F. The fact that this patient apparently died from his disease, his normal temperature, and the presence of pleural effusions seem to make Boeck's sarcoid only a very remote possibility.

I don't believe any skin tests were made to rule out tuberculosis, which would have to be a primary childhood type of lymphatic tuberculosis. This form is not at all common in the white race, usually involves all lymph nodes and runs a septic course with spiking temperatures and marked debility. Perhaps we should also consider briefly a collagen disease since collagen diseases may cause enlarged lymph nodes. Their effects, however, are usually noticeable elsewhere throughout the body, and the lymph node reaction is rather nonspecific and generalized.

So I think that we are left with bronchogenic carcinoma and lymphosarcoma as the two most likely diagnoses. I don't know any good criteria to differentiate between the two except those I have already told you: that bronchogenic carcinoma is favored by the pleural effusion, the lack of anemia, the lack of bone marrow findings, the cerebral manifestations, the lack of response to nitrogen mustard and to x-ray, and the normal temperature throughout his illness. Lymphosarcoma on the other hand is favored by the bilateral and rather symmetric mediastinal lymph node involvement. The rapid course of the disease is rather uncommon in both conditions.

As far as the immediate cause of his death is concerned, I wonder if the one dose of x-ray he received could have caused enough additional edema in and around the hilar lymph nodes to produce complete bronchial obstruction.

Clinical Diagnosis

1. Bronchogenic carcinoma of the lung.
2. Metastatic carcinoma to mediastinal lymph nodes.
3. Metastatic carcinoma to brain.

Pathological Diagnosis

1. Bronchogenic carcinoma of lung.
2. Acute hemorrhagic bronchopneumonia.
3. Metastatic carcinoma to mediastinal, mesenteric and retroperitoneal lymph nodes.
4. Metastatic carcinoma to liver, spleen, intestines and peritoneum.
5. Metastatic carcinoma to brain.

Pathological Discussion

Dr. von Haam: I chose this case because its differential diagnosis has an important influence upon the choice of treatment. The body appeared extremely emaciated, weighing only 90 pounds. No jaundice was present and no lymph nodes could be palpated anywhere. The left pleural cavity was partially obliterated by adhesions and contained no fluid. The pericardium contained 100 cc. of fluid. The heart was small and showed no evidence of pathology. The upper lobe of the left lung appeared atelectatic, while the lower lobe of the right lung was firm, dark red and nodular.

The mediastinum was filed by a large tumor mass which was white and nodular with areas of hemorrhage and yellow necrosis. It compressed completely the right lower lobe bronchus and the left upper lobe bronchus and had eroded the wall of the right main-stem bronchus over a length of 4 cm. The trachea as well as the obstructed bronchi was filled with tenacious jelly-like mucus. The pulmonary vessels were free of emboli or thrombi and the lungs contained no other tumor masses.

The spleen was enlarged and weighed 430 grams, which fact would be in favor of lymphoma. It contained a large, firm tumor metastasis which measured 8.5 cm. in diameter. The liver was slightly decreased in size and contained two small metastatic nodules. The gallbladder and pancreas appeared normal. The gastrointestinal tract was empty and the entire mucosa from the stomach to the colon was studded with flat tumor nodules which showed characteristic umbilication and were most numerous in the upper jejunum and duodenum but also filled the lumen of the appendix. That again seemed to suggest lymphoma.

There was a polyp 1 cm. in length in the sigmoid colon which seemed thick and indurated, suggesting the possibility of a second malignant tumor. The entire mesentery and the omentum were covered with numerous tumor nodules. They also extended into the portal area but did not obstruct the large bile ducts. The adrenals were free of tumor metastasis, which is rather uncommon in bronchogenic carcinoma with such widespread metastasis. The genito-urinary tract appeared normal but some of the retroperitoneal lymph nodes contained tumor metastases.

The brain weighed 1250 grams and appeared firm and symmetrical. The left internal capsule contained a small grayish-pink tumor nodule and another slightly larger nodule was found beneath the cortex in the left superior frontal area just anterior to the Sylvian fissure. From these findings the autopsy surgeon made the diagnosis of lymphosarcoma.

Microscopic Examination

Sections through the heart showed no significant changes. Sections through the lungs showed atelectasis, edema and acute bronchopneumonia. The tumor was composed of large, very anaplastic cells with extensive necrosis and some hemorrhage. In some of the less necrotic metastatic lesions the histologic pattern could be recognized as that of a very poorly differentiated squamous cell carcinoma arising probably in the eroded portion of the right main-stem bronchus.

All metastatic lesions showed an identical picture except for the amount of necrosis, which varied greatly and which we considered an effect of the nitrogen mustard therapy. The metastatic lesions of the brain proved very hemorrhagic and were surrounded by many petechiae in the adjacent brain substance.

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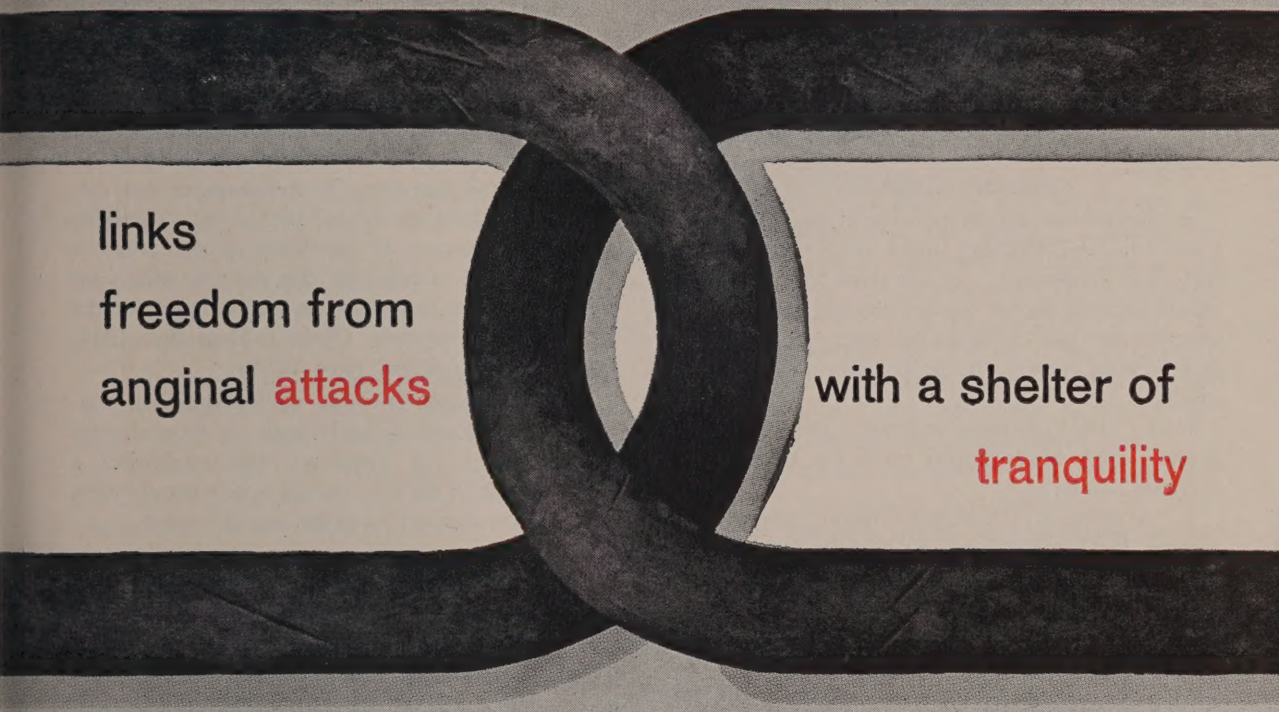

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"Cardiac patients who show significant manifestations of anxiety should receive ataractic treatment as part of the therapeutic approach to the cardiac problem."[1]

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1. Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. *8*:1075 (July) 1957.

*TRADEMARK

City Income Tax Liability . . .

This Addendum to Previous Tax Roundup for Physicians Is Given as an Example of a City Income Tax; Local Ordinances Vary, Where Effective

WHAT is the liability of physicians in regard to city income taxes in municipalities where such taxes are imposed by local ordinance? This question is asked frequently. Since it would be impractical to publish information on all Ohio cities which have such tax laws in effect (about 30), the alternative procedure is to give an example. The **example** selected is Columbus.

Columbus Ordinance

A physician in private practice in Columbus has a two-fold responsibility under the Columbus Income Tax Ordinance: (1) He must file a periodic report and pay tax on his net income, and (2) he must deduct the tax from his employees' salaries and forward it with the proper forms to the city treasurer.

Under the Columbus ordinance the following persons must file a return on Form IR-57 (Individual Return):

1. A resident of Columbus having any earned income from which full Columbus income tax liability has not been withheld;
2. A resident of Columbus conducting or engaged in a business or profession in or outside Columbus as proprietor thereof;
3. A resident of Columbus entitled to credit for travel expense not considered by the employer when withholding Columbus income tax. The filing of a return is necessary to secure refund of any tax over-withheld;
4. A non-resident of Columbus having any taxable income earned in Columbus from which full Columbus income tax liability has not been withheld;
5. A non-resident of Columbus conducting or engaged in a business or profession in Columbus as proprietor thereof;
6. A non-resident of Columbus entitled to credit for travel expenses not considered by the employer when withholding Columbus income tax on income earned in Columbus. The filing of a return is necessary to secure refund of any tax over-withheld.

A return is not required when an individual's entire taxable income for the year has been subject to withholding by the employer.

Who Must File

An individual whose income is not subject to withholding is required to file Form IR—Columbus Individual Income Tax Return, Form D1-Declaration of Estimated Columbus Income Tax, together with not less than one-fourth of the estimated tax—to be filed with the city treasurer on or before April 15, if the individual operates on a calendar year basis. The taxpayer is billed quarterly thereafter by the city auditor. Any tax liability due for 1957 and not covered by estimation should be paid at the time of filing IR-57 and the 1958 estimate. If the taxpayer has difficulty estimating his income for the year, a reliable rule is to estimate on the basis of the previous year's income. Ordinarily the estimate made for Federal Income Tax purposes may be used for the Columbus tax estimate. (Refer to December, 1957, issue of *The Journal,* page 1454).

The Columbus Division of Income Tax routinely mails forms to individuals on record as requiring them. A physician who establishes a new practice in the city should notify the division and request that his name be put on record.

Most physicians in private practice will come under the category of "resident business or professional entities owned by an individual." In such cases the income is considered to be the net profits. Allowances for the same business expense deductions as are recognized and allowed as such for Federal income tax purposes, including the methods and rates for determining depreciation, depletion and the like—with the exception of capital gains and losses. (See December 1957 issue of *The Journal,* page 1455.) Capital gains and losses are considered in arriving at net income only if such transactions are carried on regularly as business activities.

Income Not Taxed

Income not subject to the Columbus Income Tax includes dividends; interest and the like subject to the Intangible Personal Property Tax Laws of the State of Ohio; interest from obligations of the Federal or State governments or their political subdivisions; royalties from patents and copyrights; profits from the sale of capital assets; funds received from local, state or federal governments because of services in the Armed Forces of the United States by the person rendering such service, or as a result of another person rendering such service; poor relief benefits, old age and other pensions, disability benefits, annuities or gratuities; personal earnings of persons under 18 years of age.

A wife who has taxable income in addition to that of her husband may file a joint return with him.

The Columbus income tax is 1 per cent of net income. In the case of withholdings from an employee's salary, the tax is computed on total wages before any payroll deductions are made.

Part-time workers are not excepted. The employer should deduct and make returns on his domestic or other part-time employees the same as for full-time employees.

Two or more physicians who have combined facilities for convenience—for example, share office space, services of employees, etc.—ordinarily make returns as individuals. But where there is a real partnership and the partnership files Form 1065 with the Federal government, then Form PR—Columbus Partnership Return of Income is required for the city office.

A physician who operates his office outside of the municipality and makes a limited number of calls within the city ordinarily is not taxed for fees collected on such calls. However, a physician residing outside the city but doing a substantial part of his practice in the city, would be taxed on that part of his income earned within the municipality. A physician residing in the city but doing part of his practice outside of it is taxed on his entire income.

As previously stated, this article covers only an **example** of a city income tax law. Other city ordinances may be different. These facts are presented only to remind physicians of the responsibilities that may exist if there is a local income tax in force. The physician who moves into a city should inquire locally as to his tax liability.

Ohio March of Dimes Grants Promote Research

Two substantial grants in Ohio were among 15 March of Dimes projects announced by the National Foundation for Infantile Paralysis. Total for the 15 projects was nearly $880,000. The two Ohio grants were the following:

University of Cincinnati, $166,538 to continue studies on a live-virus vaccine for polio, to evaluate a new diagnostic test for polio and to study a large number of newly discovered viruses. This is the project directed by Dr. Albert B. Sabin.

Western Reserve University, Cleveland, $47,463 to study the causes of aseptic meningitis.

State Medical Board Makes Its Annual Report for 1957

The State Medical Board of Ohio issued 423 graduates in medicine certificates to practice during 1957, according to the board's annual report.

In addition, 78 osteopathic applicants passed examination and were issued certificates to practice osteopathic medicine and surgery, while 74 limited practitioners were awarded certificates.

By endorsement, the board issued certificates to 318 medical applicants who had qualified in other states and six osteopathic applicants were also qualified by endorsement.

The board rejected, following examination, 88 applicants of graduates in medicine and surgery, and 33 applicants for certification by endorsement provisions. Applications of nine osteopathic physicians and surgeons were rejected following examination; seven endorsement applicants were rejected. Applications of 148 limited practitioners were rejected following examinations, as were applications of three chiropodists. The entrance examiner issued 949 preliminary education certificates to medical and osteopathic applicants, and 90 such certificates to limited practitioners.

In disciplinary activities, the board's three inspectors investigated 270 complaints of illegal practice, requiring 2,529 calls involving licensed and unlicensed practitioners. Twenty-five cases were filed in court, two dismissed and eight were awaiting trial at the end of the year. Five cases pending from previous years were concluded.

Fines amounting to $1,980 against 23 individuals were assessed, with three fines suspended. Collections amounting to $1,150 were held in abeyance pending decision of higher courts.

AMA June Session Will Be Held On the West Coast

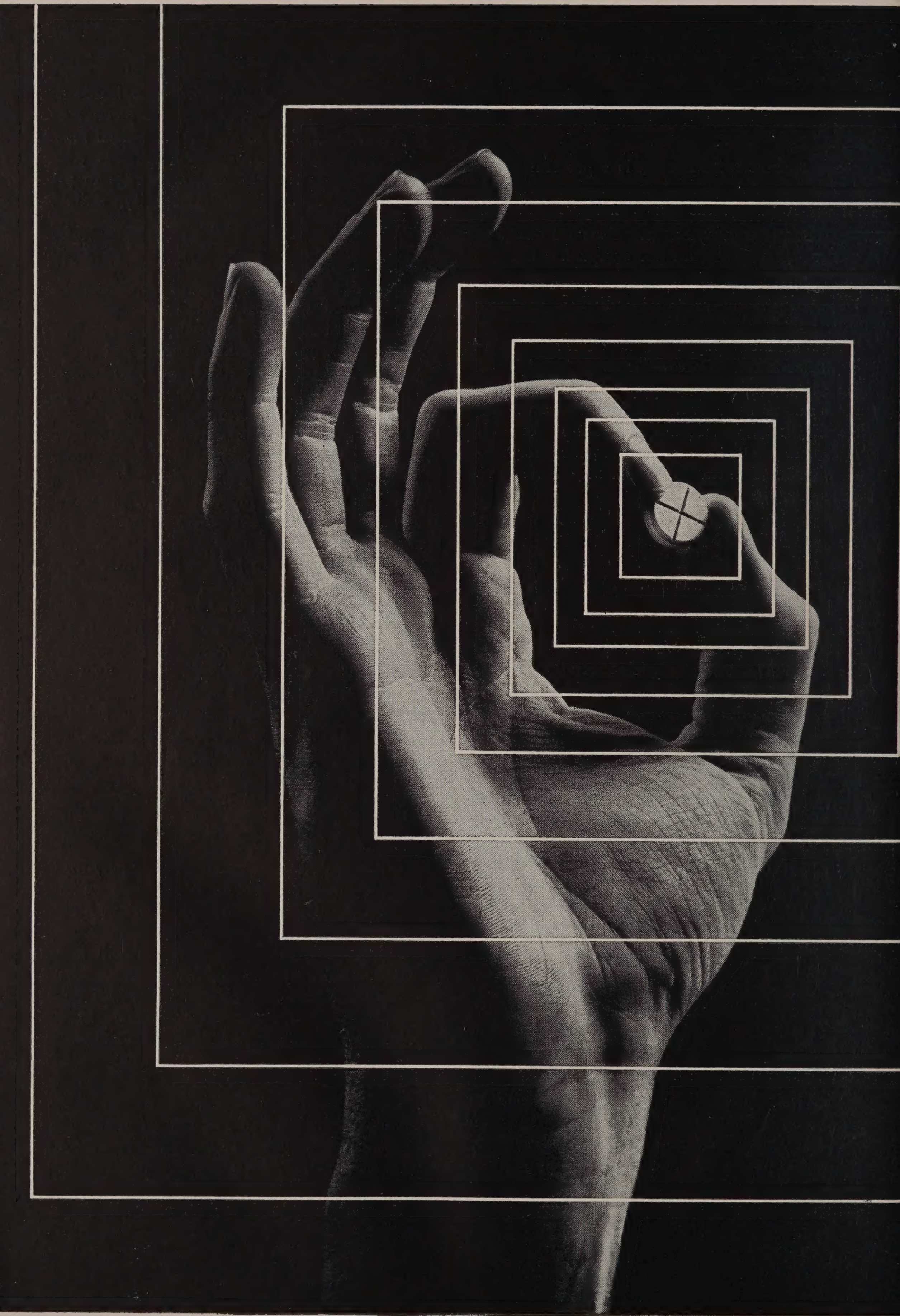
Go west, doctor, will be the rallying cry for the medical profession, looking forward to June 23-27 and the Annual Session of the American Medical Association in San Francisco.

Complete details of the program will be announced in *The Journal of the AMA* as soon as features are complete. Registrations will be accepted on Sunday, June 22, from noon to 4:00 p. m. The Scientific and Technical Exhibits will be open to AMA physician-members only on Tuesday and Wednesday mornings.

Instructions for making hotel reservations will appear in early issues of *The Journal of the AMA.*

Between 12,000 and 15,000 physicians from all parts of the country are expected to attend, plus members of their families and others.

A number of tours will be scheduled in connection with the meeting for those who wish to combine sight-seeing with attendance at sessions.



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NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

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1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

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METROPOLE HOTEL, 609 WALNUT ST.	$ 5.50- 8.50	$ 8.50-12.00	$ 9.50-15.00
SHERATON-GIBSON HOTEL, 42 Walnut St.	$ 5.85-13.00	$ 9.85-16.00	$11.00-17.50
SINTON HOTEL, Fourth & Vine Sts.	$ 6.00-11.50	$ 9.00-13.50	$11.50-14.50
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Mail the coupon to hotel selected

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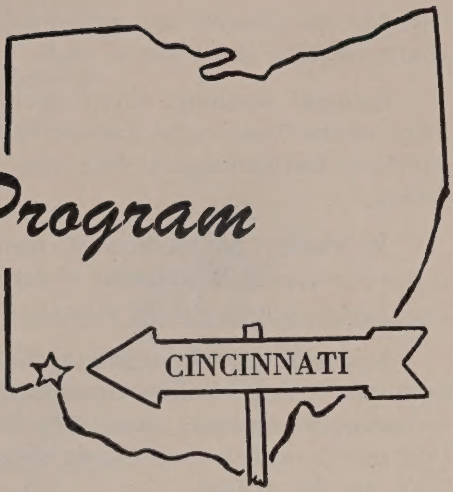


for the

1958 ANNUAL MEETING

Ohio State Medical Association

CINCINNATI

Tuesday - Thursday . . . . April, 15, 16 and 17

HERE is a gist of features and events in store for members and guests who attend the Annual Meeting. Pages 353, 354, 355, are day-by-day charts—one each for Tuesday, Wednesday and Thursday. The reader is invited to scan these charts, pinpoint the events in which he is interested, and then turn to the following pages for a chronological presentation of subjects and speakers.

Time and Place: Tuesday, Wednesday and Thursday, April 15, 16 and 17. All regular features of the OSMA program are scheduled in the Netherland Hilton Hotel. The Woman's Auxiliary will meet in the Sheraton-Gibson Hotel. Other organization programs are scheduled in places indicated in their respective notices. Some special events also are scheduled on Monday, April 14.

Registration: Headquarters will be in the Fourth Floor Foyer, Netherland Hilton Hotel. Registration opens at 8:30 a.m. each morning of the program. Admission to all sessions and to the exhibits will be by badge secured at time of registration. There is no registration charge.

Those eligible to register are members of the Ohio State Medical Association (who should present 1958 Membership Cards at time of registration); physicians from other states who are members of their respective state medical associations; residents, interns, medical students, nurses, health workers, and other guests presented at Registration Headquarters by members. The Woman's Auxiliary will provide registration for its members and others who are eligible to attend Auxiliary sessions.

Guest Speakers: Throughout the program in this issue are pictures of a number of guest speakers, physicians from other states who have attained pre-eminence in their respective fields, and who have responded to invitations to appear on the Ohio program. Refer to the chronological program for topics to be discussed by these guests.

Specialty Section Programs: These sessions are for physicians in all branches of practice, but are planned and presented by members of the respective specialties. Consult daily charts for time and place of each.

General Sessions: Here again the appeal is to physicians in all branches of practice. Some of the topics to be discussed: "Fractures," "Unfruitful Pregnancy," "The Treatment of Common Dermatological Problems," "The Doctor and His Taxes." Consult daily chart for others.

Workshop on Medical Writing: Physicians interested in writing are invited to attend this workshop on Wednesday under direction of Dr. Jonathan Forman, Editor of *The Journal* and committeeman for the American Medical Writers Association.

Scientific and Educational Exhibit: The OSMA Annual Meeting exhibit has become a highlight among exhibits throughout the country. For several years the exhibit has drawn increasing interest and attendance. The committee has selected the finest in medical investigation and clinical studies. Ample time has been provided throughout the program for frequent visits to the exhibits.

Technical Exhibit: At these exhibits, detail men from leading pharmaceutical and other supply houses will be on hand to give physicians the latest information on their respective fields. Recesses throughout the program give physicians many opportunities to visit these exhibits and chat with detail men.

House of Delegates: The policy-making body of the State Association will meet twice. The first meeting will be on Monday, April 14 following dinner. The second meeting is on Thursday morning, April 17 following breakfast. Resolutions Committees will meet between these sessions for discussions of resolutions presented at the first session.

The Woman's Auxiliary: The Woman's Auxiliary to the Ohio State Medical Association will meet concurrently with the Association. Sessions will be in the Sheraton-Gibson Hotel. All physicians' wives are invited to attend meetings and functions.

Specialty Society and Health Organization Meetings: Several organizations have scheduled programs in conjunction with the Annual Meeting. On Monday, April 14 the following organizations will conduct programs for their members: the Ohio Chapter of the American Cancer Society and the Ohio State Heart Association. Several other groups also are meeting as announced in the following pages.

The Annual Banquet is the social high spot in the Annual Meeting schedule. It's a break in an otherwise tight program of educational features. It presents an opportunity for medical colleagues from all parts of Ohio to get together in a congenial setting.

Heading the list of distinguished guests will be Dr. David B. Allman, Atlantic City, President of the American Medical Association, who has been invited to speak before the musical program and dance.

Emergency Telephone Service: The Academy of Medicine of Cincinnati will maintain an emergency telephone service for physicians attending the Annual Meeting. A booth and bulletin board will be maintained in the Fourth Floor Foyer of the Netherland Hilton Hotel. Physicians are invited to consult this bulletin board frequently since paging in the sessions or on the floor is not practical. The Cincinnati phone number at this booth will be PArkway 1-4244. It is suggested that physicians leave this number and their hotel room number at home and with their secretaries.

Alumni and Other Organization Meetings: A number of organizations have scheduled dinner meetings and other types of get-togethers for their respective members during the week of the Annual Meeting. Some of these programs are announced in the following pages. In other cases members have been notified direct.

1958 ANNUAL MEETING

Ohio State Medical Association

Netherland Hilton Hotel

Cincinnati

TUESDAY, APRIL 15

TIME	*EVENT*	*PLACE*
8:30 A. M.	**REGISTRATION OPENS**	Fourth Floor Foyer
9:00 A. M.	**OPENING OF SCIENTIFIC AND TECHNICAL EXHIBITS**	Hall of Mirrors, Third Floor (Technical) North Hall, Fourth Floor (Technical) South Hall, Fourth Floor (Scientific)
9:30 to 11:00 A. M.	**JOINT SESSION SECTION ON ANESTHESIOLOGY SECTION ON OTORHINOLARYNGOLOGY**	Parlors L-M, Fourth Floor
9:30 to 11:00 A. M.	**SECTION ON INDUSTRIAL MEDICINE**	Parlors A, B, C, D, Fourth Floor
9:30 to 11:00 A. M.	**SECTION ON OBSTETRICS AND GYNECOLOGY**	Parlors N-O, Fourth Floor
9:30 to 11:00 A. M.	**JOINT SESSION SECTION ON PEDIATRICS SECTION ON RADIOLOGY** (In cooperation with Ohio Chapter, American Academy of Pediatrics)	Pavillon, Fourth Floor
9:30 to 11:00 A. M.	**SECTION ON UROLOGY**	Parlors E-F, Fourth Floor
11:00 to 11:30 A. M.	**RECESS FOR TOUR OF EXHIBITS**	
11:30 A. M. to 12:30 P. M.	**CONTINUATION OF MORNING SESSIONS**	
2:00 to 3:00 P. M.	**GENERAL SESSION** "The Doctor and His Taxes"	Pavillon, Fourth Floor
3:00 to 3:30 P. M.	**RECESS FOR TOUR OF EXHIBITS**	
3:30 to 5:00 P. M.	**GENERAL SESSION** "Fractures"	Pavillon, Fourth Floor

1958 ANNUAL MEETING

Ohio State Medical Association

Netherland Hilton Hotel

Cincinnati

WEDNESDAY, APRIL 16

TIME	EVENT	PLACE
8:30 A. M.	**REGISTRATION**	Fourth Floor Foyer
9:00 to 9:30 A. M.	**TOUR OF EXHIBITS**	Hall of Mirrors, Third Floor (Technical) North Hall, Fourth Floor (Technical) South Hall, Fourth Floor (Scientific)
9:30 to 11:00 A. M.	**COMBINED SESSION** **SECTION ON GENERAL PRACTICE** **SECTION ON INTERNAL MEDICINE** **SECTION ON RADIOLOGY** **SECTION ON SURGERY**	Pavillon, Fourth Floor
9:30 to 11:00 A. M.	**JOINT SESSION** **SECTION ON NERVOUS AND MENTAL DISEASES** **SECTION ON PHYSICAL MEDICINE** (In cooperation with Ohio Psychiatric Association)	Parlors A, B, C, D, Fourth Floor
9:30 to 11:00 A. M.	**SECTION ON NEUROLOGICAL SURGERY**	Parlors L-M, Fourth Floor
9:30 to 11:00 A. M.	**SECTION ON OPHTHALMOLOGY**	Parlors N-O, Fourth Floor Netherland Hilton Hotel
10:00 A. M. to 12:00 Noon	**WORKSHOP ON MEDICAL WRITING**	Parlors E-F, Fourth Floor
11:00 to 11:30 A. M.	**RECESS FOR TOUR OF EXHIBITS**	
11:30 A. M. to 12:30 P. M.	**CONTINUATION OF MORNING SESSIONS**	
2:00 to 5:00 P. M.	**OHIO PSYCHIATRIC ASSOCIATION**	Parlors A, B, C, D, Fourth Floor
2:00 to 3:00 P. M.	**GENERAL SESSION** "It's Your A. M. A." "The Treatment of Hypertension"	Pavillon, Fourth Floor
3:00 to 3:30 P. M.	**RECESS FOR TOUR OF EXHIBITS**	
3:30 to 5:00 P. M.	**GENERAL SESSION** "Unfruitful Pregnancy" "Ophthalmoscopic Findings in Relation to General Medicine" "The Doctor Defendant"	Pavillon, Fourth Floor
7:30 P. M.	**ANNUAL BANQUET**	Pavillon, Fourth Floor

1958 ANNUAL MEETING

Ohio State Medical Association
Netherland Hilton Hotel
Cincinnati

THURSDAY, APRIL 17

TIME	*EVENT*	*PLACE*
8:00 A. M.	**COMPLIMENTARY BREAKFAST FOR MEMBERS OF THE HOUSE OF DELEGATES, TO BE FOLLOWED BY FINAL BUSINESS SESSION**	Parlors L, M, N, O, Fourth Floor
8:30 A. M.	**REGISTRATION**	Fourth Floor Foyer
9:00 to 10:00 A. M.	**TOUR OF EXHIBITS**	Hall of Mirrors, Third Floor (Technical) North Hall, Fourth Floor (Technical) South Hall, Fourth Floor (Scientific)
10:00 to 11:00 A. M.	**GENERAL SESSION** "The Treatment of Common Dermatological Problems"	Pavillon, Fourth Floor
11:00 to 11:30 A. M.	**RECESS FOR TOUR OF EXHIBITS**	
11:30 A. M. to 12:30 P. M.	**GENERAL SESSION** "What's New?"	Pavillon, Fourth Floor
2:00 to 3:30 P. M.	**GENERAL SESSION** "The Acute Abdomen"	Pavillon, Fourth Floor
3:30 P. M.	**ADJOURNMENT**	

DELEGATES AND ALTERNATES

FIRST DISTRICT

Counties	Delegates	Alternates
ADAMS	Richard L. Woodyard	Kenneth C. Jee
BROWN	John R. Donohoo	Charles H. Maly
BUTLER	Neil Millikin	Paul N. Ivins
	John A. Carter	John L. Bauer
CLERMONT	Carl A. Minning	Alfred G. Schulze
CLINTON	Edmond K. Yantes	Richard R. Buchanan
HAMILTON	Richard B. Homan	Charles D. Bahl
	Harry K. Hines	Henry C. Beekley
	Charles W. Hoyt	F. Paul Duffy
	Daniel V. Jones	Virginia M. Esselborn
	J. Harold Kotte	Robert E. Howard
	Robert D. Mansfield	Howard F. Pfister
	James D. Phinney	Robert M. Sherman
	Virgil A. Plessinger	Clayton R. Sikes, Jr.
	Thomas J. Radley	William C. Thornell
	Stuart A. Schloss	Robert W. Woliung
	Carl F. Vitler	
HIGHLAND	J. Martin Byers	Glendon E. Parry
WARREN	O. L. Layman	H. G. Berninger

SECOND DISTRICT

Counties	Delegates	Alternates
CHAMPAIGN	Isador Miller	V. R. Frederick
CLARK	Ray M. Turner	J. Harold Shanklin
	John M. Summers	Elliott W. Schilke
DARKE	Maurice M. Kane	Ross M. Zeller
GREENE	Paul D. Espey	C. G. McPherson
MIAMI	Dale A. Hudson	E. T. Pearson
MONTGOMERY	Kenneth D. Arn	John R. Brown
	Lynne E. Baker	Robert M. Craig
	H. R. Cammerer	William H. Fries
	T. L. Light	Charles L. Kagay
	R. E. Pumphrey	S. L. Weinberg
PREBLE	C. J. Brian	E. P. Trittschuh
SHELBY	George J. Schroer	Thomas W. Hunter

THIRD DISTRICT

Counties	Delegates	Alternates
ALLEN	Donald W. English	Walter C. Beery
	Fred P. Berlin	Margaret E. Belt
AUGLAIZE	Elizabeth Y. Kuffner	
CRAWFORD	Carl J. Ide	B. M. Mansfield
HANCOCK	Harold K. Treece	Frank M. Wiseley
HARDIN	Floyd M. Elliott	Louis A. Black
LOGAN	H. L. Mikesell	Douglas W. Beach
MARION	Thomas N. Quilter	John T. Boxwell
MERCER		
SENECA	Walter A. Daniel	Edmund F. Ley
VAN WERT	Edwin Wm. Burnes	A. C. Diller
WYANDOT	Allen F. Murphy	F. M. Smith

FOURTH DISTRICT

Counties	Delegates	Alternates
DEFIANCE	F. M. Lenhart	William S. Busteed
FULTON	Robert T. Blair	Benjamin Reed
HENRY	Thomas F. Tabler	E. C. Winzeler
LUCAS	J. Lester Kobacker	Henry D. Cook
	A. J. Kuehn	E. F. Glow
	E. F. Ockuly	Charles R. Marlowe
	Frank F. A. Rawling	D. C. Nouse
	Howard E. Smith	Maurice A. Schnitker
	G. H. Start	R. P. Whitehead
OTTAWA	George A. Boon	Cyrus R. Wood
PAULDING	D. E. Farling	K. A. Pritchard
PUTNAM	James B. Overmeier	
SANDUSKY	A. C. Rini	E. W. Sanders
WILLIAMS	John R. Riesen	Paul G. Meckstroth
WOOD	Roger A. Peatee	S. A. Kosewick

FIFTH DISTRICT

Counties	Delegates	Alternates
ASHTABULA	S. A. Burroughs	James G. Macaulay
CUYAHOGA	James O. Barr	C. R. Jablonoski
	Joseph L. Bilton	Albert L. Jones
	G. H. Brown	Thomas D. Kinney
	Francis L. Browning	A. Macon Leigh
	John H. Budd	Frank J. Rack
	C. A. Colombi	J. M. Rossen
	Eduard Eichner	D. K. Spitler
	Eugene A. Ferreri	A. C. Corcoran
	John J. Grady	James A. Gavin
	Harry A. Haller	Edward W. Shannan
	J. B. Hazard	
	H. D. Iler	
	Fred R. Kelly	
	John A. Kenney, Jr.	
	M. H. Lambright, Jr.	
	Paul A. Mielcarek	
	Philip J. Robechek	
	Paul J. Schildt	
	Edwin L. Smith	
	Leo H. Simoson	
GEAUGA	Walter C. Corey	William A. Reed
LAKE	Benjamin S. Park	James G. Powell

SIXTH DISTRICT

Counties	Delegates	Alternates
COLUMBIANA	John A. Fraser	P. H. Beaver
MAHONING	Asher Randell	Craig C. Wales
	Paul J. Mahar	Charles W. Stertzbach
	Harlan P. McGregor	John J. McDonough
PORTAGE	Myron W. Thomas	
STARK	J. B. Walker	D. E. Leavenworth
	Wm. A. White, Jr.	Lloyd L. Dowell
	John R. Seesholtz	A. E. Boyles
	R. L. Rutledge	Mark Herbst
SUMMIT	H. O. Musser	R. H. Breneman
	Carl C. Nohe	Thomas S. Brownell
	Harold E. Muller	Donald M. Traul
	Philip B. deMaine	Harvey A. Karam
	Joseph J. Eckert	Edward A. Sawan
TRUMBULL	Raymond Ralston	S. J. Shapiro
	Elmer G. Caskey	Joseph M. Gledhill

SEVENTH DISTRICT

Counties	Delegates	Alternates
BELMONT	B. C. Diefenbach	David Danenberg
CARROLL	Glenn C. Dowell	Samuel L. Weir
COSHOCTON	W. R. Agricola	Norman L. Wright
HARRISON	George E. Henderson	Gerald E. Vorhies
JEFFERSON	Earl Rosenblum	Stanley L. Burkhardt
MONROE		
TUSCARAWAS	Joseph W. Hamilton	R. E. Rinderknecht

EIGHTH DISTRICT

Counties	Delegates	Alternates
ATHENS	Eleanora Schmidt	Tamin Najm
FAIRFIELD	J. L. Kraker	Chester P. Swett
GUERNSEY	James A. L. Toland	Robert A. Ringer
LICKING	R. G. Plummer	Carl L. Petersilge
MORGAN	Henry Bachman	E. Galen Rex
MUSKINGUM	A. C. Ormond	J. Herbert Bain
NOBLE	E. G. Ditch	Norman S. Reed
PERRY	Charles E. Bope	Michael P. Clouse
WASHINGTON	Kenneth E. Bennett	Ford E. Eddy

NINTH DISTRICT

Counties	Delegates	Alternates
GALLIA	Keith R. Brandeberry	Homer B. Thomas
HOCKING	C. T. Grattidge	H. M. Boocks
JACKSON	C. C. Fitzpatrick	A. R. Hambrick
LAWRENCE	George N. Spears	Thomas E. Miller
MEIGS	R. P. Daniels	E. F. Maag
PIKE	Chas. L. Critchfield	Mack E. Moore
SCIOTO	Wm. M. Singleton	Richard L. Wagner
VINTON	H. D. Chamberlain	

TENTH DISTRICT

Counties	Delegates	Alternates
DELAWARE	Robert S. Caulkins, Jr.	Douglas L. Smith
FAYETTE	James E. Rose	Frank C. King
FRANKLIN	Perry R. Ayres	Drew J. Arnold
	Mel A. Davis	William F. Bradley
	Philip B. Hardymon	Wiley L. Forman
	Edward W. Harris	James C. Good
	Reuben B. Hoover	John R. Huston
	Robert M. Inglis	Charles R. McClave
	Charles W. Pavey	Clark P. Pritchett
	Judson D. Wilson	William P. Smith, Jr.
KNOX	Henry T. Lapp	Raymond S. Lord
MADISON	Sol Maggied	Paul G. H. Wolber
MORROW	Joseph P. Ingmire	F. W. Kubbs
PICKAWAY	Frank R. Moore	E. L. Montgomery
ROSS	Robert E. Swank	Ralph W. Holmes
UNION	Fred C. Callaway	E. J. Marsh

ELEVENTH DISTRICT

Counties	Delegates	Alternates
ASHLAND	M. D. Shilling	
ERIE	E. J. Meckstroth	
HOLMES	N. P. Stauffer	A. J. Earney
HURON	Owen J. Nicholson	John V. Emery
LORAIN	George R. Wiseman	John W. Newman
	James T. Stephens	Henry E. Kleinhenz
MEDINA	Nevin J. M. Klotz	Richard W. Avery
RICHLAND	P. O. Staker	H. G. Knierim
	Harry Wain	R. H. Barnes
WAYNE	Albert B. Huff	Adrian J. Hartzler

OFFICERS

Pres. Robert S. Martin
Pres.-Elect George A. Woodhouse
Treas. Geo. J. Hamwi
Past-Pres. Charles L. Hudson

COUNCILORS

First Frank H. Mayfield
Second R. Dean Dooley
Third James R. Jarvis
Fourth Paul F. Orr
Fifth George W. Petznick
Sixth Carl A. Gustafson
Seventh Robert E. Hopkins
Eighth Wm. D. Monger
Ninth C. L. Pitcher
Tenth E. H. Artman
Eleventh H. T. Pease

MONDAY, APRIL 14

6:00 P. M.

HOUSE OF DELEGATES

COMPLIMENTARY DINNER FOR DELEGATES, ALTERNATES, OFFICERS AND COUNCILORS, TO BE FOLLOWED BY BUSINESS SESSION

Restaurant Continental, Lobby Floor

Call to order by George X. Schwemlein, M. D., Cincinnati, President of the Cincinnati Academy of Medicine.

Introduction of the President, Robert S. Martin, M. D., Zanesville.

Consideration of the minutes of the last Annual Meeting (June, 1957, issue of *The Journal*).

Introduction of honored guests.

Introduction of President of Woman's Auxiliary.

Appointment of Reference Committees by the President:

- Credentials.
- President's Address.
- Resolutions.
- Tellers and Judges of Election.

Report of Committee on Credentials of Delegates.

Nomination and Election of Committee on Nominations: (Nominations from the floor. One representative (delegate) from each Councilor District. The committee shall report to the Second Session, Thursday, 8:00 A. M., its recommendations in the form of a ticket containing nominees for offices, to be filled at this meeting as required under the Constitution and By-Laws.)

Introduction of Resolutions:

(Resolutions must be introduced at this session of the House of Delegates, referred to the Reference Committee on Resolutions, and reported back to the House of Delegates at the Thursday morning session before any action can be taken. All resolutions must be typewritten and submitted in triplicate.)

Announcements of meeting places of Committee on Nominations and Reference Committees by chairmen of the committees.

Miscellaneous business.

Announcements of Annual Meeting events.

Recess.

Other Monday Programs

Programs on Monday, April 14, include those of the Ohio State Heart Association and the Ohio Cancer Conference. Details on these meetings will be found on pages 371-372 in this issue.

TUESDAY, APRIL 15

8:30 A. M.

REGISTRATION OPENS

Fourth Floor Foyer

9:00 A. M.

OPENING OF SCIENTIFIC AND TECHNICAL EXHIBITS

TUESDAY, APRIL 15

9:30 A. M.

JOINT SESSION
SECTION ON ANESTHESIOLOGY
SECTION ON OTORHINOLARYNGOLOGY

Parlors L-M, Fourth Floor

This program for the joint session of the two sections was arranged by the following officers of the sections: John P. Garvin, M. D., Columbus, Chairman, Donald E. Hale, M. D., Cleveland, Secretary, Section on Anesthesiology; William C. Thornell, M. D., Cincinnati, Chairman, and Sylvester C. Missal, M. D., Cleveland, Secretary, Section on Otorhinolaryngology.

THE PARTICIPANTS

Irving I. Cramer, M. D., Cleveland, Senior Clinical Instructor, Western Reserve University School of Medicine.

Nicholas G. DePiero, M. D., Cleveland, Director, Department of Anesthesiology, Marymount Hospital, Garfield Heights.

Floyd J. Fowler, M. D., Akron, Otolaryngologist, Senior Staff, Akron General, City and St. Thomas Hospitals.

Sidney W. Helperin, M. D., Cleveland, Senior Visiting Anesthesiologist, Mount Sinai Hospital of Cleveland.

George F. Parker, M. D., Springfield, Director, Department of Anesthesiology, Mercy Hospital.

Clare R. Rittershofer, M. D., Cincinnati, Associate Clinical Professor of Pediatrics, University of Cincinnati College of Medicine.

Richard H. Stahl, M. D., Cuyahoga Falls, Fellow, American College of Surgeons.

Glenn E. Willoughby, M. D., Marion, Anesthesiologist, Marion General Hospital.

Presiding: Dr. Garvin.

9:30 **Modern Approach to the Problems of Tonsil and Adenoid Surgery** (Panel Discussion)

Moderator: Dr. Stahl.

Members of Panel: Drs. DePiero, Fowler, Rittershofer and Willoughby.

11:00 Recess for Tour of Exhibits.

11:30 **The Effects of Air Conditioning Upon the Respiratory Tract**—Dr. Cramer.

11:50 **Anesthesia for Oral Endoscopy**—Dr. Helperin.

12:05 **Complications of Endotracheal Intubation**—Dr. Parker.

12:20 Election of Officers for 1959.

TUESDAY, APRIL 15

9:30 A. M.

SECTION ON INDUSTRIAL MEDICINE

Parlors A, B, C, D, Fourth Floor

Chairman..................Rex H. Wilson, M. D., Akron
Secretary........Robert M. Andre, M. D., Portsmouth

THE PARTICIPANTS

Keith C. Keeler, M. D., Akron, Medical Director, Rehabilitation Center of Summit County, Inc.

Robert A. Kehoe, M. D., Cincinnati, Professor of Industrial Medicine, University of Cincinnati College of Medicine.

Joseph A. Quigley, M. D., Cincinnati, Director of Health and Safety, National Lead Company of Ohio.

9:30 Remarks by the Chairman.

9:40 **Rx—"Light Duty"—What Does It Mean?**—Dr. Keeler.

10:15 **Medical Research and Medical Practice in Industry—The Doctor's Dilemma**—Dr. Kehoe.

11:00 Recess for Tour of Exhibits.

11:30 Election of Officers for 1959.

11:45 **The Handling of Radioactive Materials—Knowledge or Death**—Dr. Quigley.

TUESDAY, APRIL 15

9:30 A. M.

SECTION ON OBSTETRICS AND GYNECOLOGY

Parlors N-O, Fourth Floor

Chairman......H. Thomas Atkins, M. D., Hamilton
Secretary........Harry E. Ezell, Jr., M. D., Columbus

THE PARTICIPANTS

Keith R. Brandeberry, M. D., Gallipolis, Head of Department of Obstetrics and Gynecology, Holzer Hospital.

Albert Hirsheimer, M. D., Dayton, Diplomate, American Board of Obstetrics and Gynecology.

Zeph J. R. Hollenbeck, M. D., Columbus, Professor of Obstetrics and Gynecology, Ohio State University College of Medicine.

Arthur G. King, M. D., Cincinnati, Instructor of Obstetrics, University of Cincinnati College of Medicine.

L. Burdett Wylie, M. D., Lakewood, Assistant Clinical Professor of Obstetrics and Gynecology, Western Reserve University School of Medicine.

9:30 **Prevention and Treatment of Abortions** (Panel Discussion)
Moderator: Dr. King.
Members of Panel: Drs. Brandeberry, Hirsheimer and Wylie.

10:45 Election of Officers for 1959.

11:00 Recess for Tour of Exhibits.

11:30 An Evaluation of the Franklin County Cancer Survey Project—Dr. Hollenbeck.

12:30 Luncheon, Parlor G.
Open to all members, their wives and guests of the Section on Obstetrics and Gynecology. Make reservations by mail with H. Thomas Atkins, M. D., 401 Park Avenue, Hamilton.

Emergency Telephone Service Will Be Maintained by Cincinnati Academy

The Cincinnati Academy of Medicine has arranged special telephone facilities for physicians atending the meeting. A booth will be set up near the Registration Headquarters, Fourth Floor Foyer, and a bulletin board will be maintained on which names of physicians being called will be placed. The special telephone number at the booth will be PArkway 1-4244.

Physicians may wish to leave this number with their secretaries. The physician also should leave information at his home and office as to which hotel he will be in for possible contact at other times. Since it has been found impractical to page physicians in assembly halls or on the exhibit floor, members should consult bulletin board frequently for pending calls.

Members and Guests Invited To Visit Cincinnati Art Museum

The Cincinnati Art Museum, one of the outstanding museums in the United States, has extended an invitation to all convention delegates to visit its collections. An almost complete review of the World's great civilizations is offered through comprehensive collections of sculpture, paintings, prints, Near and Far Eastern art and decorative arts. The Museum is open daily from 10 a. m. to 5 p. m.; Sunday and holiday hours are 2 to 5 p. m. Located in Eden Park, it is a 15 minute trip from downtown area via "Zoo Eden" Bus No. 49, or a 10 minute drive via Gilbert Avenue to Eden Park Entrance. Admission is free.

The Scientific and Educational Exhibits

A list of Scientific and Educational Exhibits is published in this issue, pages 368-370. Members are invited to study the list and make a point to visit exhibits of particular interest during the Annual Meeting. Ample time is provided throughout the program for frequent visits.

TUESDAY, APRIL 15

9:30 A. M.

JOINT SESSION
SECTION ON PEDIATRICS
SECTION ON RADIOLOGY

Pavillon, Fourth Floor

This program for the joint session of the two sections was arranged in cooperation with the Ohio Chapter, American Academy of Pediatrics and by the following officers of the sections: Minor W. Seymour, M. D., Columbus, Chairman, Arthur Spreen, M. D., Cincinnati, Secretary, Section on Pediatrics; Carroll C. Dundon, M. D., Cleveland, Chairman, Clarence J. Morrell, M. D., Cleveland, Secretary, Section on Radiology.

THE PARTICIPANTS

Edith L. Potter, M. D., Chicago, Ill., Professor of Pathology, Department of Obstetrics and Gynecology, The University of Chicago, the School of Medicine.

Guido Currarino, M. D., Cincinnati, Assistant Professor of Radiology and Pediatrics, University of Cincinnati College of Medicine.

Carl A. Koch, M. D., Cincinnati, Assistant Clinical Professor of Pediatrics, University of Cincinnati College of Medicine.

Benjamin H. Landing, M. D., Cincinnati, Assistant Professor of Pathology & Pediatrics, University of Cincinnati College of Medicine.

Thomas Oliver, Jr., M. D., Columbus, Assistant Professor of Pediatrics, Ohio State University College of Medicine.

James M. Sutherland, M. D., Cincinnati, Assistant Professor of Pediatrics, University of Cincinnati College of Medicine.

Presiding: Dr. Seymour and Dr. Dundon.

9:30 **Respiratory Distress of the Newborn** (Panel Discussion)
Moderator: Dr. Landing.
Members of Panel: Drs. Currarino, Koch, Oliver, Potter and Sutherland.

10:30 Recess for Tour of Exhibits.

11:00 Continuation of Panel Discussion.

11:30 Question and Answer Period.

12:15 Election of Officers for 1959, Section on Pediatrics and Section on Radiology.

12:25 - 12:55 Business Meeting, Ohio Chapter, American Academy of Pediatrics.

* * *

Ohio Chapter, Am. Academy of Pediatrics To Hold Session and Banquet

On Tuesday afternoon the Ohio Chapter, American Academy of Pediatrics will hold a clinical session from 3 to 5 o'clock at Children's Hospital, Elland and Bethesda Avenues. In the evening the chapter will sponsor a banquet at the University Club, 401 East Fourth St., starting at 7 o'clock.

Guest Participants

Wm. W. Scott, M. D.
Baltimore

Edith Potter, M. D.
Chicago

TUESDAY, APRIL 15

9:30 A. M.

SECTION ON UROLOGY

Parlors E-F, Fourth Floor

Chairman............Richard S. Graves, M. D., Dayton

Secretary................John P. Smith, M. D., Columbus

THE PARTICIPANTS

George Austen, Jr., M. D., Cleveland, Associate Clinical Professor of Urology, Western Reserve University School of Medicine.

Bernard J. Begley, M. D., Springfield, Member, North Central Section, American Urological Society.

William W. Scott, M. D., Ph. D., Baltimore, Md., Professor of Urology, Johns Hopkins University School of Medicine.

T. Brent Wayman, M. D., Cincinnati, Director, Department of Urology, University of Cincinnati College of Medicine.

THE MANAGEMENT OF CARCINOMA OF THE PROSTATE

9:30 **The Diagnosis of Carcinoma of the Prostate**—Dr. Wayman.

9:50 **The Present Status of Radioactive Isotopes in Treating Carcinoma of the Prostate**—Dr. Begley.

10:10 **The Surgical Management of Carcinoma of the Prostate**—Dr. Austen.

10:30 **Hormones and Prostatic Cancer**—Dr. Scott.

11:00 Recess for Tour of Exhibits.

11:30 Panel Discussion, Questions and Answers.

12:15 Election of Officers for 1959.

An Invitation

All members of the Ohio State Medical Association may attend business sessions of the House of Delegates; also meetings of reference committees.

TUESDAY, APRIL 15

2:00 P. M.

GENERAL SESSION

Pavillon, Fourth Floor

THE PARTICIPANTS

E. C. Baker, M. D., Youngstown, Director of Radiology, Youngstown Hospital Association.

N. J. Giannestras, M. D., Cincinnati, Clinician, Orthopedic Department of Surgery, University of Cincinnati College of Medicine.

Paul A. Jones, M. D., Zanesville, Radiologist, Good Samaritan and Bethesda Hospitals, Zanesville.

J. I. Kendrick, M. D., Cleveland, Orthopedic Surgeon, Cleveland Clinic.

Joseph F. McElligott, New York, N. Y., Business and Tax Consultant to Members of the Medical Profession.

Arnold D. Piatt, M. D., Newark, Director, Departments of Radiology, Newark Hospital, Mercy and Memorial Hospitals, Mt. Vernon, and Coshocton Memorial Hospital.

Guest Participant

Jos. F. McElligott
New York

Presiding: Maurice M. Kane, M. D., Greenville, Member, Committee on Scientific Work.

2:00 **The Doctor and His Taxes**—Mr. McElligott.

3:00 Recess for Tour of Exhibits.

3:30 **Fractures**

Moderator: Dr. Baker.

Tomography of the Sternoclavicular Area—Dr. Baker.

The Radiologist's Role in the Pinning of Fractures of the Hip—Dr. Jones.

Some Significant Aspects in Fractures of the Calcaneus—Dr. Piatt.

Fractures of the Ankle—Dr. Giannestras.

General Principles of the After-Care of Fractures—Dr. Kendrick.

Ohio physicians have been invited to submit applications for scientific exhibits for the Wisconsin Academy of General Practice annual assembly, September 15-16 in the Milwaukee Auditorium. Details may be obtained from Robert A. Dufour, Executive Secretary, 758 N. 27th Street, Milwaukee 8, Wis.

Give Hotels a Break—If You Can't Attend, Cancel Your Reservation Promptly

The most dreaded and the most costly letters in the alphabet of problems of the hotel industry are D. N. S., according to hotel officials.

These mean "Did Not Show." Further they mean that the hotel has accepted and confirmed a reservation for a room, held it in good faith against opportunity to sell it, often pressure to sell it, and now finds it empty. The most absolute and irretrievable economic loss in all business is the hotel room that was empty last night. When that room could have been sold, and was in demand, the loss is doubly critical.

Why are we pointing these things out to OSMA members? Because when the Ohio State Medical Association meets in Cincinnati April 15-17 past history shows that the hotels will encounter the "D.N.S." headache to some extent.

Help to treat that headache and eliminate it. If you hold a reservation and circumstances arise that make your trip impossible, *cancel* by wire, or if the time allows, by letter to the manager of the hotel where you hold reservations.

Some other doctor will want that room. The hotel wants to sell it. Cooperate with both. Help the hotels to cooperate with you and other OSMA members.

Resolutions To Be Presented at 1958 Meeting Should Be Sent for Publication in Journal

County Medical Societies which plan to have their delegates introduce resolutions at the 1958 Annual Meeting of the Ohio State Medical Association, April 15-17, Cincinnati, or individual delegates who have prepared resolutions for consideration at the Cincinnati meeting, should, if possible, submit copies of such resolutions to the Columbus Office so they can be published in the April issue of *The Journal* and mimeographed for distribution to all delegates in advance of the meeting.

Copies of such resolutions should be sent to the Columbus office at once.

This will give delegates an opportunity to know in advance the subjects to be considered and a chance to discuss such matters with their local societies to receive instructions on matters of policy involved.

WEDNESDAY, APRIL 16

8:30 A. M.

REGISTRATION

Fourth Floor Foyer

9:00 to 9:30

TOUR OF EXHIBITS

WEDNESDAY, APRIL 16

9:30 A. M.

COMBINED SESSION SECTION ON GENERAL PRACTICE SECTION ON INTERNAL MEDICINE SECTION ON RADIOLOGY SECTION ON SURGERY

Pavillon, Fourth Floor

This program for the combined session of the four sections was arranged by the following officers of the sections; Raymond M. Kahn, M. D., Dayton, Chairman, Wm. L. Hall, M. D., Columbus, Secretary, Section on General Practice; John D. Battle, Jr., M. D., Cleveland, Chairman, John A. Prior, M. D., Columbus, Secretary, Section on Internal Medicine; Carroll C. Dundon, M. D., Cleveland, Chairman, Clarence J. Morrell, M. D., Cleveland, Secretary, Section on Radiology; Edwin H. Ellison, M. D., Columbus, Chairman, Richard W. Zollinger, M. D., Columbus, Secretary, Section on Surgery.

THE PARTICIPANTS

Floyd M. Beman, M. D., Columbus, Associate Professor, Department of Medicine (Gastroenterology), Ohio State University College of Medicine.

Horace B. Davidson, M. D., Columbus, Clinical Professor of Pathology, Ohio State University College of Medicine.

Benjamin Felson, M. D., Cincinnati, Professor and Director, Department of Radiology, University of Cincinnati College of Medicine.

Stanley R. Friesen, M. D., Kansas City, Kans., Associate Professor of Surgery and Oncology, University of Kansas School of Medicine.

Emmerich von Haam, M. D., Columbus, Professor and Chairman, Department of Pathology, Ohio State University College of Medicine.

Stanley O. Hoerr, M. D., Cleveland, Professor of Surgery, Frank E. Bunts Educational Institute.

Hans Popper, M. D., New York, N. Y., Professor of Pathology, Columbia University College of Physicians and Surgeons.

Herbert W. Salter, M. D., Cleveland, Director of General Practice Department, Doctors Hospital, Cleveland Heights.

Leon Schiff, M. D., Cincinnati, Professor of Clinical Medicine, University of Cincinnati College of Medicine.

Roger D. Williams, M. D., Columbus, Assistant Professor, Department of Surgery, Ohio State University College of Medicine.

Edmond K. Yantes, M. D., Wilmington, Chairman, Committee on Rural Health, Ohio State Medical Association.

Guest Participants

Stanley R. Friesen, M. D.
Kansas City

Hans Popper, M. D.
New York

Presiding: Dr. Battle.

9:30 **Diagnosis and Management of Diseases of the Liver and Extrahepatic Biliary System (Panel Discussion)**
Moderator: Dr. Hoerr.
Members of Panel: Drs. Felson, von Haam, Popper, Schiff, Williams, and Yantes.

10:30 **Correlation of Liver Function Studies with Hepatic Pathology**—Dr. Popper.

11:00 Recess for Tour of Exhibits.

11:30 **Surgical Aspects of Jaundice**—Dr. Friesen.

12:00 **Clinicopathological Conference**
A Patient with Jaundice
Moderator: Dr. Davidson, representing the Ohio Society of Pathologists.
Participants: Drs. Beman, Felson, Friesen and Salter.

12:30 Election of Officers for 1959.

Women Physicians Will Hold Luncheon Meeting in Cincinnati

On Wednesday, April 16, Branch 11 of the American Medical Women's Association is planning a luncheon for all the women physicians attending the Ohio State Medical Association meetings in Cincinnati. It will be held at the Netherland Hilton Hotel at 12:30. Advance reservations ($3.00) may be mailed to Dr. Margaret Schneider, 344 Doctors Building, Cincinnati 2.

Get Your Banquet Tickets in Advance

In this issue is a page announcing the Annual Banquet and on it a coupon which may be used to order tickets in advance. Clip the coupon on page 365 and mail it with your check to the Columbus office, and receive your tickets before the meeting.

WEDNESDAY, APRIL 16

9:30 A. M.

JOINT SESSION
SECTION ON NERVOUS AND MENTAL DISEASES
SECTION ON PHYSICAL MEDICINE

Parlors A, B, C, D, Fourth Floor

This program for the joint session of the two sections was arranged by the following officers of the sections. George T. Harding, M. D., Worthington, Chairman, Arnold Allen, M. D., Dayton, Secretary, Section on Nervous and Mental Diseases; Ralph E. Worden, M. D., Columbus, Chairman, Richard D. Burk, M. D., Columbus, Secretary, Section on Physical Medicine. Program arranged in cooperation with the Ohio Psychiatric Association.

THE PARTICIPANTS

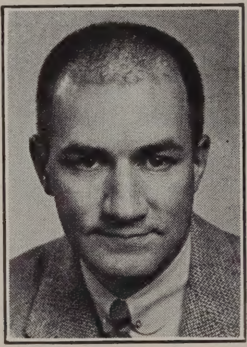
Richard D. Burk, M. D., Columbus, Medical Director, Ohio Rehabilitation Center.

J. R. Hodge, M. D., Cleveland, Clinical Instructor in Psychiatry, Western Reserve University School of Medicine.

Edward H. Lambert, M. D., Rochester, Minn., Associate Professor of Psyiology in Mayo Foundation, Graduate School, University of Minnesota.

Henry D. Lederer, M. D., Cincinnati, Associate Professor of Psychiatry, University of Cincinnati College of Medicine.

Guest Participant



E. H. Lambert, M. D.
Rochester, Minn.

Charles Long II, M. D., Cleveland, Assistant Professor of Physical Medicine and Rehabilitation, Western Reserve University School of Medicine.

Paul A. Nelson, M. D., Cleveland, Head of Department of Physical Medicine and Rehabilitation, Cleveland Clinic Foundation.

W. Donald Ross, M. D., Cincinnati, Associate Professor of Psychiatry, University of Cincinnati College of Medicine.

Franklin C. Shontz, Ph. D., Cleveland, Clinical Instructor in Psychology, Western Reserve University School of Medicine.

L. W. Sontag, M. D., Yellow Springs, Instructor in Psychiatry, University of Cincinnati College of Medicine.

John A. Whieldon, M. D., Columbus, Assistant Professor, Department of Psychiatry, Ohio State University College of Medicine.

Presiding: Dr. Worden.

9:30 **Physical and Psychiatric Aspects of Rehabilitation** (Panel Discussion)
Moderator: Dr. Ross.
Members of Panel: Drs. Burk, Lederer, Nelson and Whieldon.

10:30 **Electromyography and Related Techniques in the Diagnosis of Neuro-Muscular Diseases**—Dr. Lambert.

11:00 Recess for Tour of Exhibits.

11:30 **Personality as a Determinant of Performance**—Dr. Sontag.

11:50 **Preliminary Study of the Effect of Marsilid in the Treatment of Chronically Ill Patients**—Drs. Hodge and Shontz.

12:10 **An Optimistic Approach to Severe Disability**—Dr. Long.

12:30 Election of Officers for 1959.

WEDNESDAY, APRIL 16

9:30 A. M.

SECTION ON NEUROLOGICAL SURGERY

Parlors L-M, Fourth Floor

Chairman....Thomas A. Weaver, Jr., M. D., Dayton
Secretary......Nathaniel R. Hollister, M. D., Dayton

THE PARTICIPANTS

William F. Collins, Jr., M. D., Cleveland, Assistant Professor of Neurosurgery, Western Reserve University School of Medicine.

W. J. Gardner, M. D., Cleveland, Chief, Department of Neurological Surgery, Cleveland Clinic Foundation.

William E. Hunt, M. D., Columbus, Assistant Professor of Neurosurgery, Ohio State University College of Medicine.

Curwood R. Hunter, M. D., Cincinnati, Clinical Instructor in Surgery, Division of Neurosurgery, University of Cincinnati College of Medicine.

Frank H. Mayfield, M. D., Cincinnati, Chairman, Department of Neurosurgery, Christ Hospital and Good Samaritan Hospital.

Max T. Schnitker, M. D., Toledo, Chief, Department of Neurosurgery, St. Vincent's Hospital.

9:30 **Involuntary Movement and Its Surgical Treatment** (Panel Discussion)
Moderator: Dr: Hunter.
Anatomy and Physiology of the Basal Ganglia Area—Dr. Hunt.
Historical Review of the Extrapyramidal Diseases—Dr. Collins.
Chemopallidectomy for Hemiballismus—Dr. Schnitker.
Dystonia Musculorum Deformans—Dr. Gardner.

10:50 Recess for Tour of Exhibits.

11:30 Continuation of Panel Presentation.
Risks Versus Advantages of Operation on the Globus Pallidus—Dr. Mayfield.

12:00 Discussion Period.

12:20 Election of Officers for 1959.

WEDNESDAY, APRIL 16

9:30 A. M.

SECTION ON OPHTHALMOLOGY

Parlors N-O, Fourth Floor

Chairman......Roscoe J. Kennedy, M. D., Cleveland
Secretary..................Jacob Moses, M. D., Columbus

THE PARTICIPANTS

William H. Havener, M. D., Columbus, Associate Professor of Ophthalmology, Ohio State University College of Medicine.

Irving H. Leopold, M. D., Philadelphia, Pa., Professor and Head of Department of Ophthalmology, The Graduate School of Medicine, University of Pennsylvania.

Donald J. Lyle, M. D., Cincinnati, Professor of Ophthalmology, University of Cincinnati College of Medicine.

John L. Roberts, M. D., Toledo, Director of Ophthalmology, St. Vincent's Hospital.

Benjamin J. Wolpaw, M. D., Cleveland, Associate Surgeon, St. Luke's Hospital.

9:30 **Glaucoma Therapy**—Dr. Leopold.

10:30 Written questions to be answered by the guest speaker.

10:45 Election of officers for 1959.

11:00 Recess for Tour of Exhibits.

11:30 **Cataract Management**

Medical Management of the Cataract Patient—Dr. Wolpaw.

Pre-operative Preparation and Evaluation of the Cataract Patient—Dr. Havener.

Surgical Management of the Uncomplicated and Complicated Cases—Dr. Lyle.

Management of Complications of Cataract Extractions—Dr. Roberts.

WEDNESDAY, APRIL 16

10:00 A. M.

WORKSHOP ON MEDICAL WRITING

Parlors E-F, Fourth Floor

Conducted by Jonathan Forman, M. D., Columbus, Editor, *The Ohio State Medical Journal.*

All Annual Meeting registrants are invited to participate. Special attention will be given to *The Ohio State Medical Journal.* There will be discussion of collecting material; choosing a title; drafting an outline; the value of rewriting; the use of statistics; the use of and verification of references; summary and conclusions.

Technical Exhibits

A feature of the Annual Meeting will be the elaborate display of Technical Exhibits. Pharmaceutical and other supply houses will show latest developments in their respective fields and will have on hand detail men to discuss them with physicians.

WEDNESDAY, APRIL 16

2:00 P. M.

OHIO PSYCHIATRIC ASSOCIATION

Parlors A, B, C, D, Fourth Floor

President..George T. Harding, M. D., Worthington
Secretary-Treasurer....Arnold Allen, M. D., Dayton

THE PARTICIPANTS

John B. S. Campbell, M. D., Cincinnati, Assistant Clinical Professor of Neurology, University of Cincinnati College of Medicine.

Eugene E. Elder, M. D., Youngstown, Superintendent, Woodside Receiving Hospital.

H. D. Fabing, M. D., Cincinnati, Chief, Neuropsychiatric Service, Christ Hospital.

J. Robert Hawkins, M. D., Cincinnati, Instructor of Psychiatry, University of Cincinnati College of Medicine.

William E. Hillard, M. D., Cincinnati, Neuropsychiatrist, Cincinnati General and Christ Hospitals.

F. A. King, Ph. D., Columbus, Assistant Professor of Psychiatry, Ohio State University College of Medicine.

Judson S. Millhon, M. D., Cincinnati, Resident in Neurology, Cincinnati General Hospital.

James A. L. Moulton, M. D., Cincinnati, Member, American Psychiatric Association.

James L. Sagebiel, M. D., Senior Attending Neuropsychiatrist, Miami Valley Hospital.

Laurence M. Weinberger, M. D., Cuyahoga Falls, Senior Attending Neurosurgeon, City, Children's, St. Thomas Hospitals, Akron.

W. Zeman, M. D., Columbus, Assistant Professor of Pathology and Psychiatry, Ohio State University College of Medicine.

2:00 **My Observations of the Ohio Receiving Hospital System**—Dr. Elder.

2:20 **The Use of Marsilid in Acute Depressive States**—Drs. Fabing, Hawkins, Moulton and Hillard.

2:40 **The Treatment of Multiple Sclerosis with Galactose** — Drs. Millhon and Campbell.

3:00 **Periodic Paralysis Associated with Hyperthyroidism**—Dr. Moulton.

3:20 **Tumors of the Septum Pellucidum and Adjacent Structures with Abnormal Affective Behavior**—Drs. Zeman and King.

3:40 **The Use of Pre-Frontal Lobotomy (Grantham Technic) in Chronic Neuroses and Psychoses**—Dr. Sagebiel.

4:00 Thermolobotomy—Dr. Weinberger.

4:30 Business Meeting.

* * *

Cocktail Party For Psychiatrists

The Cincinnati Society of Neurology and Psychiatry will have a cocktail party for members of the Ohio Psychiatric Association on Wednesday, April 16, from 5:00 to 7:00 P. M. in Parlor H, Fourth Floor, Netherland Hilton Hotel.

WEDNESDAY, APRIL 16

2:00 P. M.

GENERAL SESSION

Pavillon Fourth Floor

THE PARTICIPANTS

F. J. L. Blasingame, M. D., Chicago, Ill., Executive Vice-President, American Medical Association.

Irving H. Leopold, M. D., Philadelphia, Pa., Professor and Head of Department of Ophthalmology, The Graduate School of Medicine, University of Pennsylvania.

Irvine H. Page, M. D., Cleveland, Director of Research, Cleveland Clinic Foundation.

Edith L. Potter, M. D., Chicago, Ill., Professor of Pathology, Department of Obstetrics and Gynecology, University of Chicago, the School of Medicine.

Presiding: Maurice A. Schnitker, M. D., Toledo, Member, Committee on Scientific Work.

2:00 **It's Your AMA**—Dr. Blasingame.

2:30 **The Treatment of Hypertension**—Dr. Page.

3:00 Recess for Tour of Exhibits.

3:30 **Unfruitful Pregnancy**—Dr. Potter.

4:00 **Ophthalmoscopic Findings in Relation to General Medicine**—Dr. Leopold.

4:30 **The Doctor Defendant**

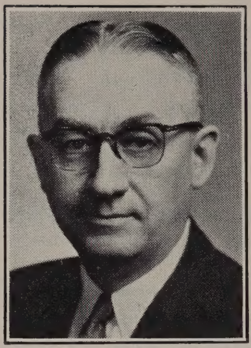
Second in the series of films on "Medicine and the Law" sponsored by the American Medical Association and American Bar Association and produced by the The Wm. S. Merrell Co., Cincinnati. The film deals with the prevention of professional liability action. It presents four case reports of situations which resulted in claims against physicians. The first film of the series, "The Medical Witness," was presented at a general session at the 1957 OSMA meeting in Columbus.

International Surgeons Congress To Consider GP Problems

The 11th biennial International Congress of the International College of Surgeons will be held in conjunction with the 23rd annual Congress of the United States and Canadian Sections (North American Federation) in Los Angeles, March 9-14.

An innovation of the meeting will be a surgical emergencies panel to which members of the American Academy of General Practice are invited. Dr. Ross T. McIntire of Chicago, executive director of the International College of Surgeons and former surgeon general of the U. S. Navy, will be the moderator.

Guest Participants



F. J. L. Blasingame, M. D.
Chicago

Irving H. Leopold, M. D.
Philadelphia

WEDNESDAY, APRIL 16

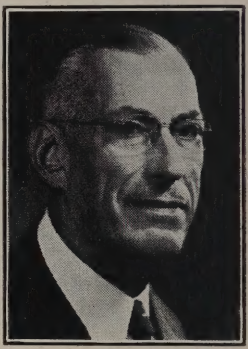
7:30 P. M.

ANNUAL BANQUET AND DANCE

Pavillon, Fourth Floor

Introduction of Officers and Councilors.
Introduction of Distinguished Guests.

Guest Participant



David B. Allman, M. D.
Atlantic City

Address by David B. Allman, M. D., Atlantic City, President, American Medical Association.

Entertainment.

Reception for Dr. Allman, Parlors L, M, N, and O.

Dancing until 1:00 A. M.

Tickets for the Annual Banquet at $7.50 each may be purchased by mail before the meeting from the Headquarters Office of the Ohio State Medical Association, 79 East State Street, Columbus 15, Ohio. Tickets also may be purchased after the meeting has started at the Registration Headquarters, Fourth Floor Foyer, Netherland Hilton Hotel, Cincinnati.

SEE PAGE 365 FOR MORE ☞
BANQUET DETAILS

Hotel Reservations

Be sure and make your hotel reservations well in advance of the Annual Meeting. In this issue page 350 gives prevailing rates for accommodations in downtown Cincinnati hotels; also a coupon for convenient mailing to the hotel of choice.

Relax, Doctor!

Here's a Well-Earned Respite
For You and Your Lady

Top Entertainment

At the Annual Banquet

Sondra and Jon Steele

Song stylists Sondra and Jon Steele will combine music and charm when they step onto the floor at the Netherland Hilton Pavillon. Here's a cue to their stature in the entertainment field—their record, "My Happiness," sold well over a million and is still a popular number.

One of the most beautifully gowned girls in the entertainment field, Sondra will charm you with her solo numbers and her close harmony with Jon. Their repertoire of captivating melodies is enhanced by special arrangements written especially for their style by Jon.

This entertainment comes after a tasty meal served by the Netherland Hilton whose caterers are the best in the country.

Soft music during the dinner hour will come from the Howard Early Trio.

Heading the list of distinguished guests at the Banquet will be Dr. David B. Allman, President of the American Medical Association, who will be accorded the honor of a reception.

An Evening of Dancing will complete the festive occasion, to the accompaniment of the Clyde Trask Orchestra.

Tickets are on a first-come-first-served basis. Better order your tickets now and be sure.

Order Tickets Now for the Annual Banquet

The Ohio State Medical Association
79 E. State Street, Columbus 15, Ohio

Send me .... tickets at cost of $7.50 each for the Annual Banquet, Ohio State Medical Association, Wednesday, April 16, Netherland Hilton Hotel, Cincinnati.

(Check, payable to the Ohio State Medical Association, for total cost of tickets ordered, must accompany order.)

Name (Please Print) ....

Street.. City and Zone...

THURSDAY, APRIL 17

8:00 A. M.

HOUSE OF DELEGATES

COMPLIMENTARY BREAKFAST FOR MEMBERS OF THE HOUSE OF DELEGATES TO BE FOLLOWED BY THE FINAL BUSINESS SESSION

Parlors L, M, N, O, Fourth Floor

ORDER OF BUSINESS

Report of Committee on Credentials.

Consideration of unfinished business.

Reports of Reference Committees.
President's Address.
Resolutions.

Election of President-Elect. Nominations from the floor.

Report of Committee on Nominations:

(a) Nominations for The Council.

(Members of The Council are elected for two-year terms; terms of those representing the odd-numbered districts expire in even-numbered years.)

To be elected:

First District—(Incumbent, Frank H. Mayfield, M. D., Cincinnati, elected at 1957 Annual Meeting to fill the remaining year of the unexpired term of Dr. C. T. Atkinson, Middletown, resigned.)

Third District—(Incumbent, James R. Jarvis, M. D., Van Wert.) (Ineligible for re-election, having served the maximum time on The Council as provided in the Constition and By-Laws of the Association.)

Fifth District—(Incumbent, George W. Petznick, M. D., Shaker Heights.)

Seventh District—(Incumbent, Robert E. Hopkins, M. D., Coshocton.)

Ninth District — (Incumbent, Carter L. Pitcher, M. D., Portsmouth.)

Eleventh District—(Incumbent, H. T. Pease, M. D., Wadsworth.)

(b) **Election of Treasurer for a term of three years.** (Incumbent, Geo. J. Hamwi, M. D., Columbus. Eligible for re-election for one more term.)

(c) **Election of Delegates and Alternates to the American Medical Association**—four Delegates and four Alternates to be elected, each for a two-year term starting January 1, 1959, in compliance with the Constitution and By-Laws of the American Medical Association.

The following incumbent Delegates and Alternates will serve for the remainder of 1958, and they may be considered by the nominating committee for re-election for two-year terms starting January 1, 1959:

Charles L. Hudson, M. D., Cleveland (Delegate)
C. E. Hufford, M. D., Toledo (Alternate)
Carl A. Lincke, M. D., Carrollton (Delegate)
H. M. Platter, M. D., Columbus (Alternate)
George A. Woodhouse, M. D., Pleasant Hill (Delegate)
R. Dean Dooley, M. D., Dayton (Alternate)
Herbert B. Wright, M. D., Cleveland (Delegate)
Fred W. Dixon, M. D., Cleveland (Alternate)

Installation of officers for 1958-1959.

Submission of committee appointments by the new President for confirmation by the House of Delegates.

Unfinished or new business.

Adjournment.

Greater Cincinnati Hospital Council Appoints Executive Secretary

Jerry N. Ransohoff, Cincinnati newspaperman and former medical editor of the *Cincinnati Post* for nine years, has been appointed executive secretary of the newly reorganized Greater Cincinnati Hospital Council.

Increased need for closer coordination of civil defense and disaster planning, desirability of unified recruiting and public relations programming, and the need for a common approach to various community health problems prompted 18 hospitals to reorganize the existing Superintendents' Council. Hospitals in a seven-county area in Ohio, Kentucky and Indiana, comprising greater Cincinnati, are now eligible for membership.

Offices of the council have been set up at 2212 Victory Parkway, Cincinnati 6, Ohio.

Sister Eugene Marie, administrator of Good Samaritan Hospital, Cincinnati, is president of the council.

Carl Cohen, Ph. D., has joined the staff of Battelle Memorial Institute, Columbus, where he will direct a newly organized cancer chemotherapy laboratory in the Institute's Biosciences Division. In that laboratory chemical agents will be evaluated for their effect upon animal cancers.

THURSDAY, APRIL 17

8:30 A. M.

REGISTRATION

Fourth Floor Foyer

9:00 to 9:30

TOUR OF EXHIBITS

THURSDAY, APRIL 17

10:00 A. M.

GENERAL SESSION

Pavillon, Fourth Floor

THE PARTICIPANTS

Henry A. Brunsting, M. D., Toledo, Director, Department of Dermatology, Maumee Valley Hospital.

Harold E. Harris, M. D., Cleveland, Chief, Department of Otolaryngology, Cleveland Clinic.

John R. Haserick, M. D., Cleveland, Head of Department of Dermatology, Cleveland Clinic.

Eldred B. Heisel, M. D., Columbus, Associate Professor of Medicine (dermatology), Ohio State University College of Medicine.

Orrin C. Keller, M. D., Toledo, Fellow, American College of Surgeons.

John C. Markley, M. D., Gallipolis, Chief, Department of Medicine, Holzer Hospital.

Frank H. Mayfield, M. D., Cincinnati, Chairman of the Department of Neurosurgery, Christ Hospital and Good Samaritan Hospital.

Harry A. Nieman, M. D., Dayton, Senior Dermatologist, Miami Valley Hospital.

James L. Sagebiel, M. D., Dayton, Senior Attending Neuropsychiatrist, Miami Valley Hospital.

Thomas G. Skillman, M. D., Columbus, Assistant Professor of Medicine, Department of Endocrinology and Metabolism, Ohio State University College of Medicine.

Alfred L. Weiner, M. D., Cincinnati, Assistant Professor of Dermatology, University of Cincinnati College of Medicine.

Presiding: A. Carlton Ernstene, M. D., Cleveland, Chairman, Committee on Scientific Work.

10:00 **The Treatment of Common Dermatological Problems**
Moderator: Dr. Weiner.
Members of Panel: Drs. Brunsting, Haserick, Heisel and Nieman.

11:00 Recess for Tour of Exhibits.

11:30 **What's New?**

In Pseudomembranous Enterocolitis—Dr. Markley.

In the Treatment of Parkinsonism—Dr. Mayfield.

In the Treatment of Deafness—Dr. Harris.

In the Treatment of Schizophrenia—Dr. Sagebiel.

In the Treatment of Diabetes Mellitus—Dr. Skillman.

In the Treatment of Thermal Burns—Dr. Keller.

THURSDAY, APRIL 17

2:00 P. M.

GENERAL SESSION

Pavillon, Fourth Floor

THE PARTICIPANTS

H. W. Clatworthy, Jr., M. D., Columbus, Associate Professor of Surgery, Ohio State University College of Medicine.

Benjamin Felson, M. D., Cincinnati, Professor and Director, Department of Radiology, University of Cincinnati College of Medicine.

Donald M. Glover, M. D., Cleveland, Clinical Professor of Surgery, Western Reserve University School of Medicine.

Frank J. Rack, M. D., Cleveland, Assistant Professor of Surgery, Western Reserve University School of Medicine.

F. A. Simeone, M. D., Cleveland, Professor of Surgery, Western Reserve University School of Medicine.

Presiding: A. Carlton Ernstene, M. D., Cleveland, Chairman, Committee on Scientific Work.

2:00 **The Acute Abdomen** (Panel Discussion)
Moderator: Dr. Simeone.

Principles of Diagnosis—Dr. Glover.

The Roentgenogram in Diagnosis and Management—Dr. Felson.

Principles of Diagnosis and Treatment of Small Intestinal Obstruction—Dr. Rack.

Appendicitis in Infancy and Childhood—Dr. Clatworthy.

2:45 Discussion Period.

3:30 Adjournment.

Jefferson Medical Alumni Reunion Scheduled Tuesday, April 15

A get-together has been arranged for alumni of Jefferson Medical College, their wives and guests who will be in attendance at the 1958 Annual Meeting of the Ohio State Medical Association, Cincinnati, April 15-17. It will be held at Town and Country, 1622 Dixie Highway, Covington, Ky. (15 minutes by taxi from Cincinnati.) The event will begin with a social hour at 6 o'clock followed by dinner at 7:30, and "short speeches" about "Jeff" at 8:30. Those who plan to attend may assist the committee on Arrangements by notifying the chairman: Dr. Robert J. Anzinger, 4125 Hamilton Avenue, Cincinnati 23.

SCIENTIFIC AND EDUCATIONAL EXHIBITS

The Scientific and Educational Exhibits in the South Hall, Fourth Floor, will be open from 9:00 A. M. to 5:30 P. M. on Tuesday, April 15, and Wednesday, April 16; and from 9:00 A. M. to 3:30 P. M. on Thursday, April 17.

Obstructive Lesions of the Duodenum Distal to the Bulb
William C. Strittmatter, M. D., and Charles H. Brown, M. D., Cleveland Clinic Foundation.

Family Doctor's Bag
Southwestern Ohio Society of General Physicians.

Changing Pattern of Leukemia—225 Cases Observed 1937-1957
C. S. Higley, M. D., W. C. Stoner, Jr., M. D., D. A. Baumgartner, M. D., and Jack Berman, M. D., Saint Luke's Hospital, Cleveland.

The Hamman-Rich Syndrome (Fibrosing Interstitial Pneumonitis)
H. S. Van Ordstrand, M. D., W. R. Biddlestone, M. D., L. J. McCormack, M. D., and V. E. Reinking, M. D., Cleveland Clinic.

Valvular Lesions of the Heart; Modern Methods of Surgical Management
E. R. Maurer, M. D., and F. L. Mendez, Jr., M. D., Cincinnati.

Adventures in Cinefluorography
Robert S. Green, M. D., Erna Borousch, M. D., F. L. Mendez, M. D., Memorial Heart Laboratory, Cincinnati.

Placenta Accreta, Increta and Percreta
Howard P. Taylor, M. D., J. J. Cahill, M. D., W. A. Hawk, M. D., Cleveland Clinic.

Clinico-Pathological Observations on the Fate of Arterial Freeze-Dried Homografts
W. A. Hawk, M. D., A. W. Humphries, M. D., Cleveland Clinic Foundation.

Chronic Pancreatitis
Stanley O. Hoerr, M. D., and Harold E. Dunlap, M. D., Cleveland Clinic.

Prediction and Treatment of Threatened Abortion
R. R. Schwalenberg, M. D., and T. D. Efstation, M. D., Tiffin.

Eyelid Reconstruction with Full Thickness Graft Following Traumatic or Surgical Deformity of the Eyelids
Byron E. Boyer, M. D., and Mary M. Martin, M. D., Cincinnati.

Prevention of Inverted Navels
James R. Jarvis, M. D., Van Wert.

Clinical Experiences with Triiodothyronine
Wm. F. Bradley, M. D., Central Ohio Foundation for Medical Education and Research, Columbus.

Premature Care
Edward A. Wagner, M. D., Daniel V. Jones, M. D., Carl A. Koch, M. D., University of Cincinnati College of Medicine, Department of Pediatrics and The Premature Service, Cincinnati General Hospital.

Safe Surgical Exposure of the Facial Nerve Using Skeletal Anatomy
Stephen P. Hogg, M. D., Robert C. Kratz, M. D., Department of Otolaryngology, University of Cincinnati College of Medicine.

Headache—Diagnosis—Treatment
Raymond L. Hilsinger, M. D., Cincinnati General Hospital, Christ Hospital, Cincinnati.

Normal and Pathological Blood Smear
Miami Valley Hospital, School of Medical Technology, Dayton.

Chemotherapy in Rheumatoid Arthritis
Arthur L. Scherbel, M. D., and John W. Harrison, M. D., Cleveland Clinic.

Light and Electronics in Laboratory Medicine
Walter H. Hartung, Jr., M. D., Department of Pathology, St. Charles Hospital, Toledo.

A Two-Stage Approach to Ventricular Septal Defects with Severe Pulmonary Hypertension
Howard D. Sirak, M. D., Don M. Hosier, M. D., The Cardiovascular Service of the Ohio State University Health Center and the Children's Hospital, Columbus.

Bronchogenic Cysts in Patients Presumed To Have Pulmonary Tuberculosis
Neil C. Andrews, M. D., A. J. Christoforidis, M. D., and Philip C. Pratt, M. D., Ohio Tuberculosis Hospital, Ohio State University.

Left Heart Catheterization
Charles V. Meckstroth, M. D., Richard Booth, M. D., Hugh Hull, M. D., and Edward Neff, M. D., Ohio State University Hospital.

The Drop-Latex Fixation Test for Rheumatoid Arthritis
Norman O. Rothermich, M. D., Francis W. McCoy, M. D., Melvin S. Rheins, Ph. D., and Vol K. Philips, M. D., Ohio State University.

Ultra-Fine Structure of Cells

Walter J. Frajola, Ph. D., Bertha A. Bouroncle, M. D., and Marie H. Greider, Herman A. Hoster Research Laboratory, Ohio State University.

Splenectomy in Hypersplenism—A Twenty-Five Year Experience

Charles A. Doan, M. D., Bruce K. Wiseman, M. D., and Bertha A. Bouroncle, M. D., Ohio State University.

Air Embolism—Clinical Diagnosis and Prevention of Fatalities

John R. Jones, M. D., J. J. Jacoby, M. D., J. Ziegler, M. D., J. Siddall, M. D., Department of Surgery (Anesthesia), Ohio State University Hospital.

Surgical Correction of Acquired Heart Disease—Open Versus Closed Techniques

Earle B. Kay, M. D., D. Mendelsohn, M. D., Thomas MacKrell, M. D., and H. A. Zimmerman, M. D., St. Vincent Charity Hospital, Cleveland.

Combined Dermatologic and Psychiatric Study of a New Tranquilizer

Jay Shanon, M. D., Departments of Dermatology and Psychosomatic Service, Department of Psychiatry, University of Cincinnati College of Medicine.

Constructive Surgery in the Newborn

Robert H. Whittlesey, M. D., Donald M. Glover, M. D., Richard G. Hodges, M. D., Departments of Surgery and Pediatrics, St. Luke's Hospital, Cleveland.

Clinical Electromyography

Richard D. Burk, M. D., Ernest W. Johnson, M. D., Division of Physical Medicine and Rehabilitation, Department of Medicine, Ohio State University College of Medicine.

Opportunities for Training in Anesthesia

J. J. Jacoby, M. D., and William Hamelberg, M. D., Columbus; American Society of Anesthesiology, Committee on Postgraduate Education.

Tuberous Sclerosis and Renal Angiomyolipoma

Jack N. Taylor, M. D., Department of Urology, Ohio State University College of Medicine, Columbus.

Congenital Heart Lesions: Diagnosis and Surgical Correction

F. S. Cross, M. D., H. F. Inderlied, M. D., F. A. Oldenburg, M. D., St. Luke's Hospital, Cleveland.

Carcinoma of the Esophagus and Cardia

Maurice G. Buckles, M. D., Richard J. Lescoe, M. D.; Benjamin Franklin Hospital and Mt. Carmel Hospital, Columbus.

Demonstration of Chronic Bronchitis at Bronchography

Atis K. Freimanis, M. D., William Molnar, M. D., Thomas R. Frye, M. D., Department of Radiology, Ohio State University Hospital.

Soft Tissue Malignancy in Childhood: a Diagnostic Problem

Robert J. Izant, Jr., M. D., Wm. H. R. Howard, M. D., H. Wm. Clatworthy, Jr., M. D., Department of Pediatric Surgery, The Ohio State University College of Medicine; Children's Hospital, Columbus.

Management of Oral Cancer

Henry LeClaire, M. D., and E. L. Saenger, M. D., Cincinnati.

The Treatment of Iron Deficiency States with Intramuscular Iron

Harold S. Schiro, M. D., Cincinnati.

A Stepchild of Cerebral Angiography, Vertebral Angiograms of the Brain, Showing Space Relations of Typical Lesions in Different Views

H. F. Plaut, M. D., Radiology Service, Veterans Administration Center, Dayton, and Ohio State University, Columbus.

Accident Prevention and Poison Control

Paul A. Hayden, Assistant Administrator, Akron Children's Hospital; John Norman, M. D., Akron, State Chairman, Accident Prevention Committee, American Academy of Pediatrics.

Coordinator-Services for Preschool Blind Children

Coordinator-Services for Preschool Blind Children, Division of Social Administration, Ohio Department of Public Welfare, Columbus.

Cancer of the Cervix

American Cancer Society, Ohio Division, Inc., Cleveland.

Research-Rehabilitation

Ohio Society for Crippled Children, Inc. Columbus.

Horizons in Mental Retardation

Hamilton County Diagnostic Clinic for the Mentally Retarded, Cincinnati.

Sacrococcygeal Teratomas

Lester W. Martin, M. D., University of Cincinnati College of Medicine and Children's Hospital, Cincinnati.

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Audio-Digest Foundation	Glendale, Cal.	68
Ayerst Laboratories	Arlington, Va.	62
Baker Laboratories, Inc., The	Cleveland, Ohio	24
Burroughs Wellcome & Co. (U.S.A.) Inc.	Tuckahoe, N. Y.	43
Caldwell & Bloor Co., The	Mansfield, Ohio	69
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Pelton & Crane Company, The	Charlotte, North Carolina	75
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Programs of Health Organizations . . .

Ohio Cancer Conference and Annual Meeting of the Ohio State Heart Association Scheduled To Be Held in Cincinnati, Monday, April 14

TWO important programs of interest to physicians are scheduled in Cincinnati on the eve of the 1958 Annual Meeting of the Ohio State Medical Association. They are the 1958 Annual Ohio Cancer Conference Scheduled on Monday, April 14, beginning at 9:00 a. m.; and the Annual Meeting of the Ohio State Heart Associtation scheduled the same day from 2:00 to 4:30 p. m.

Ohio Cancer Conference

The Ohio Cancer Conference will be held in the Pavillon, fourth floor of the Netherland-Hilton Hotel. The program has been announced as follows:

William J. Flynn, M. D., Youngstown, chairman, presiding.

9:00 a. m. **Welcome**—Arthur G. James, M. D., Columbus, president, Ohio Division of the American Cancer Society.

9:10 **Tobacco and Lung Cancer**—William Alton Ochsner, M. D., New Orleans, La.

9:40 **Recent Trends in the Management of Breast Cancer;** a Panel Discussion—
Moderator: William A. Altemeier, M.D., Cincinnati.
Collaborators: Charles M. Barrett, M. D., Cincinnati; Cushman D. Haagensen, M. D., New York; Olof H. Pearson, M. D., New York; Jerome A. Urban, M. D., New York.

11:45 Intermission.

12:00 **Tumors of Childhood**—Harold W. Dargeon, M. D., New York.

12:30 p. m. Lunch.

2:00 **The Problem of Pigmented Moles and Malignant Melanomas**—George T. Pack, M. D., New York.

2:30 **The Management of the Patient with Advanced Cancer;** a Panel Discussion—
Moderator: Max M. Zinninger, M. D., Cincinnati.
Collaborators: Eugene M. Bricker, M. D., St. Louis; Laird Myers, M. D., New York; George T. Pack, M. D., New York; Eugene P. Pendergrass, M. D., Philadelphia.

Additional Data on Participants

Dr. Flynn is chairman of the Professional Education Committee, American Cancer Society, Ohio Division, and chief of the head and neck surgical service, Youngstown Hospital.

Dr. James, associate professor, Department of Surgery, OSU, and director of the Columbus Cancer Clinic.

Dr. Ochsner, professor of surgery, Tulane University, and director of general surgery, Ochsner Clinic and Ochsner Foundation Hospital, New Orleans.

Dr. Altemeier, professor and chairman, Department of Surgery, University of Cincinnati.

Dr. Barrett, professor of radiology-radiotherapy, University of Cincinnati.

Dr. Haagensen, professor of clinical surgery, Columbia University.

Dr. Pearson, Sloan-Kettering Institute for Cancer Research, New York.

Dr. Urban, Sloan-Kettering Institute for Cancer Research, New York.

Dr. Dargeon, chief of pediatric service, Memorial Center for Cancer and Allied Diseases, New York, and associate professor of clinical pediatrics, Cornell University.

Dr. Pack, attending surgeon, Memorial Cancer Center, New York, and clinical professor of surgery, New York Medical College.

Dr. Zinninger, professor of surgery, University of Cincinnati.

Dr. Bricker, associate professor of clinical surgery, Washington University.

Dr. Myers, assistant professor of medicine, Cornell University, and assistant attending physician, Memorial Center for Cancer and Allied Diseases, New York.

Dr. Pendergrass, director of the Department of Radiology and professor of radiology, University of Pennsylvania.

* * *

Ohio State Heart Association

The Annual Meeting of the Ohio State Heart Association will be held in the Sheraton Gibson Hotel, Cincinnati, Monday, April 14, from 2:00 to 4:30 p. m. Two programs are scheduled to run concurrently, the Scientific Session in the Ball Room; and the Community Health Session in the Sheraton Room. Subjects and speakers are as follows:

Scientific Session

Arteriosclerosis—

Moderator: Irvine H. Page, M. D., director of research, Cleveland Clinic Foundation, Cleveland.

(Continued on Next Page)

Participants: Edgar V. Allen, M. D., senior consultant, Mayo Clinic, Rochester, Minn.; Jules Hirsch, M. D., Rockefeller Institute for Medical Research and Hospital, New York City; Johnson McGuire, M. D., director, Cardiac Laboratory, College of Medicine, University of Cincinnati; Frederick J. Stare, M. D., Ph. D., Department of Nutrition, Harvard University, Boston, Mass.

There will be opportunity for questions and answers.

Community Health Session

Theme of Program: **Research—Everyone's Job.**

Highlights, American Heart Association Research—John H. Peters, M. D., Assistant medical director for research, American Heart Association, New York.

Highlights, National Heart Institute Research—James Watt, M. D., director, National Heart Institute, Bethesda, Md.

Research in Ohio—Walter Pritchard, M. D., Cleveland; George Morrice, Jr., M. D., Columbus; John Braunstein, M. D., Cincinnati.

Telling the Research Story—M. Frederick Arkus, public relations counsel, American Heart Association, New York City.

There will be opportunity for questions and answers.

Program Committee: John W. Martin, M. D., Cleveland, chairman; Dale P. Osborn, M. D., Cincinnati; A. B. Schneider, M. D., Cleveland.

Medical Societies, hospitals, etc., which are interested in obtaining names of psychiatric speakers, are invited to contact the G. P. Project, American Psychiatric Association, 1785 Massachusetts Ave., N. W., Washington 6, D. C. The project is jointly sponsored by the American Psychiatric Association and the American Academy of General Practice.

SS Administrator Charles Schottland told representatives of major national groups in health and welfare fields that, contrary to popular concept, social security is a tax rather than an insurance program in the usual sense.

Woman's Auxiliary Annual Meeting

SHERATON-GIBSON HOTEL,
CINCINNATI

APRIL 14, 15, 16, 17

(All sessions at the Sheraton-Gibson Hotel unless otherwise indicated.)

Chairman............Mrs. Charles W. Hoyt, Cincinnati

Co-Chairman........Mrs. Carl F. Schilling, Cincinnati

MONDAY, APRIL 14

Parlor I

9:00 A. M. Resolutions Committee.

Florentine Room Mezzanine

1:00 P. M. Registration.

Parlor H

1:00 P. M. Preconvention Board Meeting.

Parlor I

3:00 P. M. Opening Day Tea.

Parlors N, O, P, Q

6:00 P. M. Cocktail Party.

7:00 P. M. Dinner for Board Members.

Parlor H

8:30 P. M. Continuance of Board Meeting.

TUESDAY, APRIL 15

Florentine Room Mezzanine

8:30 A. M. Registration.

Parlors 4 and 5

9:00 A. M. Business Session.

Hotel Sinton Ballroom

12:00 Noon Doctors' Day Luncheon.

Parlors 4 and 5

2:30 P. M. School of Instruction.

WEDNESDAY, APRIL 16

Florentine Room Mezzanine

8:30 A. M. Registration.

Parlors 7, 8, 9

9:00 A. M. Business Session.

Sheraton-Gibson Ballroom

12:30 P. M. Ladies' Luncheon and Fashion Show.

Parlors 7, 8, 9

3:00 P. M. Business Session.

Netherland Hilton Hotel

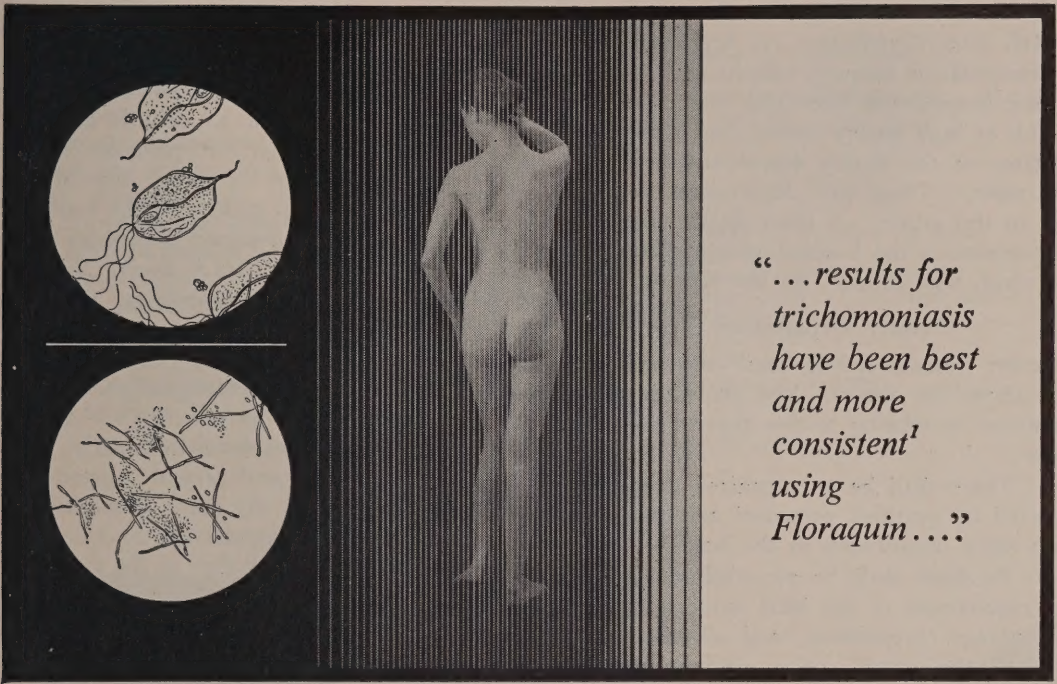
7:30 P. M. Annual Banquet, Ohio State Medical Association.

THURSDAY, APRIL 17

Parlor H

10:00 A. M. Post-Convention Brunch — Board Members.

EFFECTIVE, DEPENDABLE THERAPY FOR VAGINITIS


"...results for trichomoniasis have been best and more consistent[1] using Floraquin..."

Floraquin® eliminates trichomonal and mycotic infection; restores normal vaginal acidity

Leukorrhea is by far the most frequent symptom of vaginitis; trichomonads and monilia are the most common causes. Many authors have reported[2] trichomonal protozoa in the vagina of 25 per cent of obstetric and gynecologic patients. Increased use of broad spectrum antibiotics has resulted in a sharp rise in the incidence of monilial infections.

Floraquin effectively eradicates both trichomonal and monilial vaginal infections through the action of its Diodoquin® content. Floraquin also furnishes boric acid and sugar to restore the normal vaginal acidity which inhibits pathogens and favors the growth of protective Döderlein bacilli.

Pitt[1] recommends vaginal insufflation of Floraquin powder daily for three to five days, followed by acid douches and the daily insertion of Floraquin vaginal tablets throughout one or two menstrual cycles. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

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1. Pitt, M. B.: Leukorrhea. Causes and Management, J. M. A. Alabama *25*:182 (Feb.) 1956.
2. Parker, R. T.; Jones, C. P., and Thomas, W. L.: Pruritus Vulvae, North Carolina M. J. *16*:570 (Dec.) 1955.

SEARLE

Hospital Departments . . .

Joint Commission on Accreditation Stresses Importance of Dietary Department and Emergency Room in Standard Equipment of Hospital

Editor's Note: At the 1957 Annual Meeting of the OSMA, the House of Delegates instructed *The Journal* to publish material on hospital accreditation. In previous issues, the following phases of the subject were discussed: August—principles underlying the work of the accreditation commission; September—recommendations of the AMA Stover Committee; October—medical staff meetings; November—medical records; December—responsibilities of the medical staff; January—clinical laboratory services; February—the hospital pharmacy. This is the eighth article in the series.

In subsequent articles as information is available *The Journal* will present suggestions and information from the Joint Commission and answers by the Commission to many varied questions on the activities of the Commission, standards set, hospital administrative problems, etc.

THE Joint Commission on Accreditation of Hospitals, in keeping with its aim of assisting hospitals to meet and exceed minimal standards of high quality patient care, stresses the importance of the dietary department and emergency room. These two departments are discussed in this article. A third department equal in importance is the hospital pharmacy or drug room which was discussed in the February issue.

Dietary Department

In every instance specific local laws and ordinances should be obeyed. The Standards of the Commission in relation to this department are as follows:

a. There shall be an organized department directed by qualified personnel and integrated with other departments in the hospital.

b. Facilities shall be provided which meet the requirement of the local sanitary code for the storage, preparation, and distribution of food for the general dietary needs of the hospital. These shall include facilities for the preparation of special diets.

c. There shall be a qualified dietitian on full time or on a consultative basis and in addition, administrative and technical personnel competent in their respective duties.

d. There shall be a systematic record of diets, correlated with the medical records.

e. Departmental and interdepartmental conferences shall be held periodically.

It is the opinion of the Joint Commission that this department should be under the supervision of a qualified dietitian (preferably A. D. A. registered), on a full time basis if possible or in smaller hospitals on a consultative part-time basis. There should be facilities for preparing therapeutic diets, although this does not necessarily require a special diet kitchen. In visiting a hospital, the surveyor evaluates this department on the basis of cleanliness, proper and adequate refrigeration, dishwashing and garbage disposal facilities, safe practices in the preparation and transportation of food, and the controls established to insure proper diet therapy. The commonest faults reported by surveyors are listed:

1. Lack of thermometers and temperature controls in large refrigerators.

2. Lack of temperature and thermostatic controls on dishwashing apparatus and even when present, not utilized. Hand drying of dishes.

3. Poor and unsanitary garbage control and disposal.

4. Storage of uncovered food in the same refrigerator with drugs.

5. Failure to clean ice storage bins. This is quite frequently found.

6. Presence of unimaginative, unpalatable, repetitious, stereotyped special diets.

7. Poor housekeeping and sanitation in the department.

8. Uninstructed personnel in the handling, presentation and disposal of food.

9. Poor transportation of food, resulting in cold, unpalatable food.

Emergency Room

As hospitals have become more and more the focal point of medical care in a community, the services rendered by this department have gained importance. The Standards state that if a hospital maintains this service, and all hospitals except very specialized ones should, the following is necessary:

a. There shall be a well organized depart-

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A versatile, well-balanced formula offering in one tablet the drugs often prescribed separately for treating upper respiratory infections.

Traditional and nonspecific nasopharyngeal symptoms of malaise and chilly sensations are rapidly relieved, and headache, muscular pain, and pharyngeal and nasal discharges are reduced or eliminated.

Early effective therapy is provided against such bacterial complications as sinusitis, otitis, bronchitis and pneumonitis to which the patient may be highly vulnerable at this time.

Adult dosage for ACHROCIDIN Tablets and new, caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children reduced according to weight and age.

Available on prescription only.

TABLETS *(Sugar-coated)*
Each tablet contains:

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottles of 24 and 100

SYRUP *(Lemon-lime flavored)*
Each teaspoonful (5 cc.) contains:

ACHROMYCIN® Tetracycline equivalent to tetracycline HCl	125 mg.
Phenacetin	120 mg.
Salicylamide	150 mg.
Ascorbic Acid (C)	25 mg.
Pyrilamine Maleate	15 mg.
Methylparaben	4 mg.
Propylparaben	1 mg.

Bottle of 4 oz.

checks
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ment directed by qualified personnel and integrated with other departments of the hospital.

b. Facilities shall be provided to assure prompt diagnosis and emergency treatment.

c. There shall be adequate medical and nursing personnel available at all times.

d. Adequate medical records on every patient must be kept.

e. There shall be a written plan for the care of mass casualties and this plan should be coordinated with the in-patient and out-patient services of the hospital.

In several hospitals surveyed it has been noted that nurses are treating and prescribing for patients in the emergency room. No physician sees the patient. This is absolutely wrong. The hospital is guilty of wrongdoing by allowing a non-physician to practice medicine. Serious legal consequences could result.

Many hospitals are found with very poor emergency room records. Emergency room cases frequently become court or compensation cases. The good emergency room record should contain proper identification, short history of the disease or injury, physical findings, laboratory and x-ray reports if performed, record of treatment, prognosis and disposition of the case. This record must be authenticated by the physician rendering the service.

A plan, rehearsed at least twice a year, for the reception, care and evacuation of mass casualties is mandatory for all hospitals. It has been a requirement of the Joint Commission for two years. An unprepared hospital, in case of a community catastrophe, fails itself and fails its community. Hospitals not having a definite written rehearsed plan are strongly criticized by the Joint Commission.

Legal-Medical Institute Is Scheduled in Cleveland

Western Reserve University's Law-Medicine Center has scheduled the fourth in a series of institutes for April 25-26 on the University campus. Entitled "The Mind: A Law-Medicine Problem. Details may be obtained from Oliver C. Schroeder, Jr., director, Law-Medicine Center, Western Reserve University, Cleveland 6.

Dr. William S. Clark, associate professor of medicine at Western Reserve University, Cleveland, has been named director of the Department of Patient Care, National Foundation for Infantile Paralysis with headquarters in New York. He will assume his new post early in the summer.

Dermatological Society Organized In the Cincinnati Area

The Noah Worcester Dermatological Society is a new organization formed by the Department of Dermatology of the University of Cincinnati College of Medicine to sponsor scientific meetings and foster reunions of former residents and fellows, members of the faculty and members of the Cincinnati Dermatological Society. In view of the widespread geographic distribution of former residents and fellows annual meeting will be held in areas other than Cincinnati.

Both the meetings of the Noah Worcester Dermatological Society and membership in the Society will be open to graduate dermatologists, residents and fellows in dermatology and graduate degree scientists in other fields, regardless of any association, past or present with the University of Cincinnati.

The organization and founders meeting of the Noah Worcester Dermatological Society will be held at Eden Roc Hotel, Miami Beach, Florida, April 23 through April 27. Both executive and scientific sessions are planned.

The organization committee for the new society consists of Drs. Donald Birmingham, Mitchell Ede, Leon Goldman, Edwin Higgins, Daniel Kindel, H. Jerry Lavender, Harry Nieman, Robert Preston, John Squires, Raymond Suskind, and Alfred Weiner, Chairman.

Program for Medical Section, Ohio Academy of Science Announced

The Annual Meeting of the Ohio Academy of Science will be held in Akron, April 10-12. The Medical Section of this academy has arranged a program for Friday, April 11, starting at 9 a. m.

The following subjects to be discussed by a team from the Ohio State University College of Medicine have been announced: Antithrombin in human plasma, effects of intra-abdominal pressure on respiration and the cardiovascular system, education in science, bile in the etilology of acute pancreatitis, changes in gastric physiology following gastric surgery, the conservative treatment of gastric ulcer, pulmonary function before and after thoracic surgery, left heart catheterization, bronchogenic cysts simulating tuberculous cavities, environmental influences on acetabular development, and other topics.

Additional information may be obtained by writing to Karl P. Klassen, M. D., chief of the Division of Thoracic Surgery, Ohio State University Health Center, Columbus 10.

Are You Eligible To Vote . . .

Primary Election Day Is May 6, But An Equally Important Date for Many Citizens Is March 26—Deadline for Registration Where It Is Required

YOUR franchise may be at stake. If you live in a registration district and are not registered, you have until March 26 to qualify yourself to vote in the May 6 Primary Elections.

The Primary Elections set the stage for the General Election on November 4. They are, therefore, all-important to physicians, members of their families and friends who feel a devotion to civic responsibility.

Registration is a simple matter. Here are the points to be remembered, presented in question and answer form from information furnished by Ted W. Brown, Secretary of State:

What is the registration deadline?

Forty days before the Primary Election, or March 26.

Who must register?

Every citizen who resides in a "registration district" must be registered with his county Board of Elections before he is eligible to vote.

What is a registration district?

The county Board of Elections must maintain a registration of eligible voters in every city of 16,000 population or over. Municipalities of less than 16,000 population may elect to maintain registration. The Board of Elections of a county may require registration in the entire county or in certain precincts. A registration district, therefore, may be a county, a municipality, a group of precincts or a single precinct.

How does a person know whether he is in a registration district or in a non-registration area?

If he resides in a municipality of 16,000 population or over, he must be registered. If he resides in a suburban community, a small municipality or a rural area, and is in doubt, he should phone the county Board of Elections and ask.

Under what conditions must a person re-register?

Registration is permanent, subject to the following exceptions:

a. If the citizen has not voted in a general, primary or special election since January 1, 1956, he must register again.

b. If the citizen has changed name—e. g., if a woman has married—she must re-register. If a woman marries between March 26 and May 6, she may vote on May 6 under her former name.

c. A veteran of the armed services must register after he is discharged.

d. A voter who changes his place of residence from one county to another, must register with the Board in the county to which he moves if his new residence is in a registration precinct. A voter who changes his residence to a new address within a registration district must notify his Board of Elections of such change. Some boards require the voter to present himself in person; others accept written notice.

What is the procedure for voters in non-registration areas?

In precincts not in registration districts, citizens are automatically eligible to vote. A voter may be required at the polling booth to produce evidence to the satisfaction of the election judge, or under oath, that he is qualified to vote.

What is the residence requirement for registration?

A person who will have met the residence requirement for voting by May 6—that is, will have lived in the State one year, in the county and precinct 40 days, and is otherwise qualified to vote—may register on or before March 26.

If he has moved his residence between March 26 and Election Day, what can he do?

Vote at the precinct from which he moved.

If a citizen has moved or is planning to move prior to March 26, may he vote at the precinct in which he formerly resided?

No. If he does not qualify himself to vote in the new precinct by notifying the Board of change of address, he will have lost his privilege of voting on May 6.

Suppose he moves his residence on March 25?

He will have been in the new precinct for 40 days by Election Day and, therefore, may register immediately.

If a citizen in a registration district will reach his 21st birthday between March 26 and November 4 (date of the General Election), may he register?

Yes, he may register on or before March 26 and vote for candidates in the Primary Elections.

If a person who resides in a non-registration

area will be 21 years old on or before November 4, what is the procedure?

If he meets other requirements of a voter, he will automatically become eligible to vote for candidates in the Primaries.

Where does one register?

At the headquarters of the Board of Elections of county of residence or at polling places indicated by the Board.

Where does a student register?

In most cases in the county in which he maintained residence just prior to entering the institution of learning.

How does a disabled person register?

A voter who is prevented by sickness or physical disability from registering in person may apply to his county Board of Elections by mail or phone for registration forms. The application must state the facts as to the voter's disability. Both the registration forms and a declaration of the facts as to disability must be notarized, and both must be delivered to the Board of Elections by a reliable and responsible person. Some boards require this person to be a notary public.

What about persons in the armed forces?

Persons who are residents of a registration district and who are in active service in the armed forces, and are otherwise qualified to vote, may cast absentee ballots without previous registration.

Does this privilege extend to civilians who will be away from home on May 6?

No. Students and other persons who must be registered in order to vote and who plan to be away on May 6 should register now so that they will be eligible to cast absentee ballots.

Absentee Voting

Persons who will be away from home on May 6 should plan to cast absentee votes. Here are some dates to remember and other data on absentee voting:

Civilians who wish to cast absentee ballots must be qualified to vote the same as though they were voting at home; e. g., they must be registered if they live within a registration area.

Civilians must apply for ballots on forms furnished by election boards. Upon receipt of filled out applications, boards will mail ballots which are to be properly filled out and returned in accompanying "identification" envelopes.

Ohioans who will be more than 10 miles from their polling places and outside their home counties on election day are eligible for absentee voter ballots.

Applicants for primary ballots must designate their party affiliation. Otherwise, there is no way to tell whether they should receive ballots listing Democrats or Republican candidates.

March 7—First day for civilians outside the continental limits of the United States, such as wives of military men, to apply for absent voter ballots.

March 26—Last day for persons who must register in order to qualify for voting, to register with their local Board of Elections.

April 6—First day for absent and disabled voters within the United States to apply for ballots.

May 1—Last day for "absent or disabled" civilians to apply. The deadline is 4 p. m.

May 2—Last day for civilians to return voted ballots to election boards to have them count. The deadline is noon of that day. Military personnel have until noon of election day, May 6.

May 3—Last day for members of the armed services to apply for ballots. Their deadline is 12 noon. Military service personnel have been eligible to apply for ballots since January 1.

Report Shows Influenza Incidence In Ohio Hit Peak the Week Of October 28

Deaths in which influenza was the primary or contributory cause totalled 267 in last fall's influenza epidemic throughout Ohio, the Ohio Department of Health has reported.

Influenza morbidity and mortality took its highest toll in the 60 and older age group, accounting for 156 deaths (12.8 per 100,000 population), the report shows. Deaths in the less than one-year-old age group amounted to 14 (7.2 per 100,000). Figures for other age groups contained in the report show the following:

Age 5 to 9, 10 deaths (1.3 per 100,000); 10-19, 12 deaths (0.66 per 100,000); 20-39, 24 deaths (0.98 per 100,000), and 40-69, 46 deaths (2.10 per 100,000).

First reports of such influenza cases were received September 2, and the number of cases numbered less than 100 for the next four weeks. By October 7 the number of cases reported weekly rose above the 200 mark, and increased sharply, reaching 3,300 the week of October 28. The weekly total of new cases decreased just as sharply, dropping to 500 the week of November 4 and to a little less than 200 the week of December 2.

The peak week of new cases—October 28, also had the highest week total of deaths in which influenza was a primary or contributory cause, the number for that week being 67.

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CAPSULES contain 250 mg. tetracycline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin. ORAL SUSPENSION (cherry-mint flavored) Each 5 cc. teaspoonful contains 125 mg. tetracycline HCl equivalent (phosphate-buffered) and 125,000 units Nystatin.

DOSAGE:

Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules or 8 tsp. of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

ACHROSTATIN V combines ACHROMYCIN† V ...the new rapid-acting oral form of ACHROMYCIN† Tetracycline...noted for its outstanding effectiveness against more than 50 different infections ...and NYSTATIN...the antifungal specific. ACHROSTATIN V provides particularly effective therapy for those patients prone to monilial overgrowth during a protracted course of antibiotic treatment.

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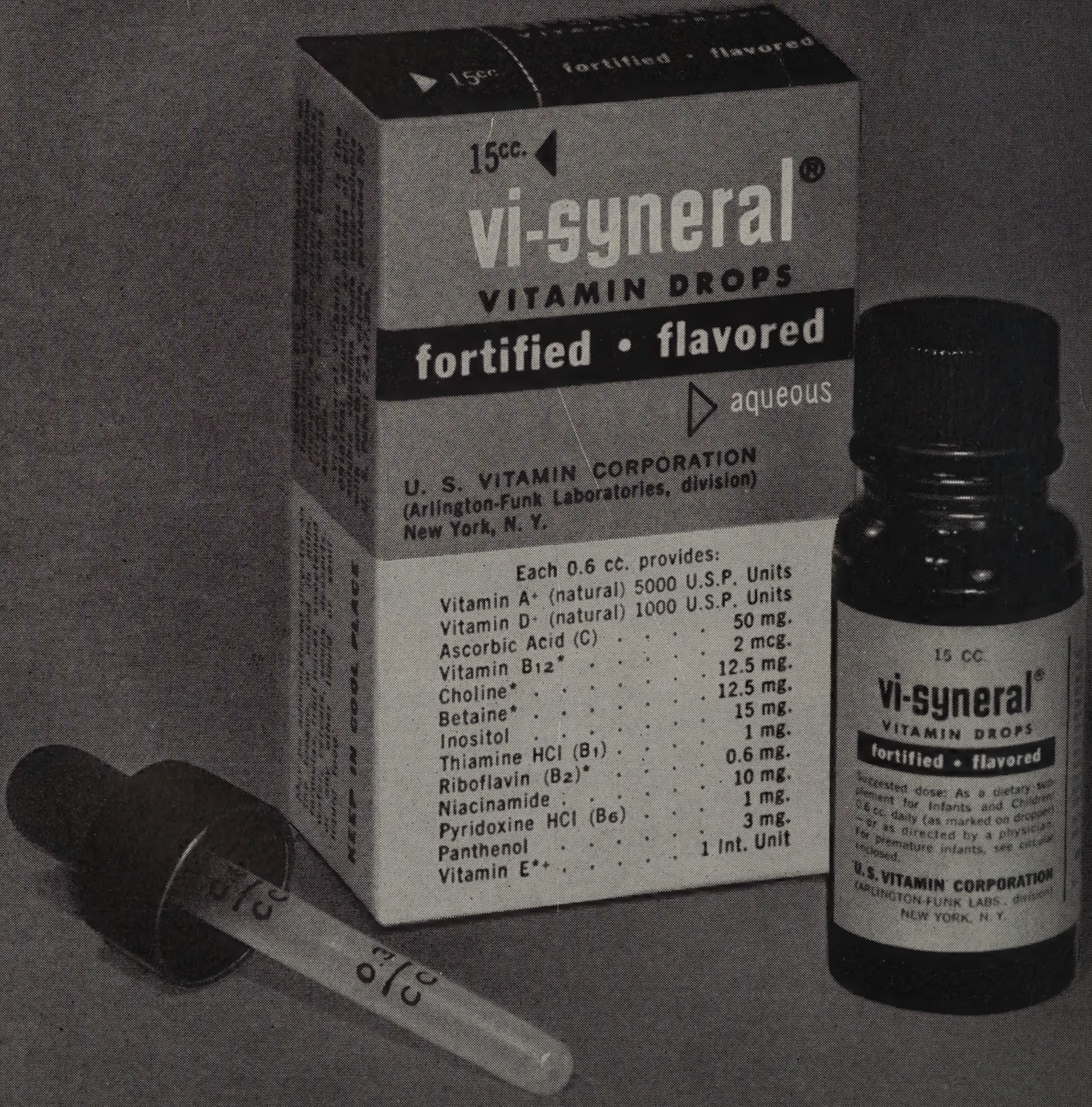
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Mental Health Conference . . .

Report on AMA-Sponsored Chicago Meeting Is Made by Dr. Palmer, Chairman of OSMA Committee; Four of Major Points Are Discussed

DR. DWIGHT M. PALMER, Columbus, chairman of the Committee on Mental Hygiene, Ohio State Medical Association, officially represented the association at the Fourth Annual Conference of Mental Health Representatives of State Medical Associations in Chicago last November. The conference was sponsored by the American Medical Association. Here is a terse report by Dr. Palmer on the meeting:

"It was my privilege to represent the Ohio State Medical Association at the Fourth Annual Conference of Mental Health Representatives of State Medical Associations at Chicago in November, 1957. Delegates were present from almost all of the state medical associations and the conference proved to be an interesting and stimulating experience.

"There were four general topics on the agenda. The following statements are not the official findings from the conference but do represent what appeared to me to be the more important conclusions of the group.

"1. **The Role of the General Practitioner in Relation to the Specific Psychiatric Case:** The general practitioner is able to do a great deal in the management of emotional and mild mental illnesses without becoming involved in major psychiatric theories and terminology. Psychiatrists can be of assistance by establishing avenues of communication with the general practitioner at his level of training and practice.

"2. **Blue Cross-Blue Shield and Other Voluntary Health Insurance Plans for the Psychiatric Patient:** Psychiatry should be recognized as an integral part of medicine and no stigma should be attached to nervous and mental disorders. Psychiatrists should not be urged to falsify diagnoses and they should make available their specialized professional knowledge to those who are responsible for the successful operation of Blue Cross-Blue Shield and other types of voluntary insurance plans.

"3. **Relationship of the Psychiatrist in Private Practice to the General Hospital in His Community:** It is expected that an increasing number of psychiatric beds will be made available in general hospitals in the near future. There are many advantages to this arrangement. The general hospital provides a place for early and readily available treatment; the patient remains under the care of the same family physician and the same psychiatrist; consultants and laboratory services of high quality are available; there is continuity with the family, employer and various community agencies; and finally, the psychiatrist has a better opportunity to keep abreast with general medicine.

"4. **Psychiatric and Related Mental Health Problems in Industry:** This is a relatively new and growing area in the mental health field. Some of the topics considered were alcoholism, the hiring of the handicapped, the mental health of executives, the practice of industrial psychiatry in small industries, and retirement policies. No final solutions were formulated for these pressing problems but their importance was emphasized."

Magnetic Springs Center To Continue Under Reorganized Program

Final steps in a complete reorganization program of the Magnetic Springs Foundation were made recently. The program had been hampered by the untimely death of rehabilitation center's founder and director, the late Dr. Kenneth W. Keever.

Dr. Richard D. Burk, Columbus physician and professor in the Department of Rehabilitation, Ohio State University, has been named medical director on a part-time basis. Dr. Burk received his medical training at Creighton University in Omaha, Nebraska. He served in the U. S. Navy from 1943 to 1946. Stricken with polio in 1949, he spent a year at the Sister Kenny Foundation, Minneapolis, Minn. He joined the Ohio State University staff in 1952.

Dr. Lloyd Moore will continue on the staff as assistant medical director. Named as full-time administrator at the center is Daniel L. Calnan. President of the foundation, Charles M. Frank, reported that all functions of the hospital are working at their peak of efficiency.

"All persons directly or indirectly associated with the foundation, including members of the reorganized board of trustees, have signified the intense desire to carry on the work so ably started in these first years," Mr. Frank said. "The foundation expects to immediately undertake an expanded program of activity." The foundation is dedicated to rehabilitation work, particularly in the field of polio.

How Old is Too Old for Tranquilizers ?

The psychological needs of the elderly confront physicians with one of their most perplexing problems. Perhaps no other patient group suffers so much from emotional distress. Yet, precisely because of their age, geriatric patients often seem beyond the reach of tranquilizing treatment.

When tranquilization seems risky . . .

They are too much beset by complicating chronic ailments, too susceptible to serious side effects. Ataraxia is clearly indicated, yet the doctor cannot risk side reactions on liver, blood or nervous system.

Is there an answer to this dilemma?

We feel there is. In four recent papers investigators have reported good results with ATARAX in patients up to 90 years of age.* In one study, **improvement was "pronounced" in 76%, "good" in an additional 18.5%.*** ATARAX has been successfully used in such cases as senile anxiety, agitation, hyperemotivity and persecution complex.* On ATARAX, patients became ". . . quieter and more manageable. They slept better and demonstrated improved relations with other patients and hospital personnel. Even their personal hygiene improved, and they required less supervisory management."*

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Parenteral Solution—25-50 mg. (1-2 cc.) intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

Supplied: Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

Licenses Granted . . .

Certificates To Practice in Ohio Are Issued to 66 Graduates of Medical Schools as a Result of the December Examinations of the Medical Board

RESULTS of the examinations conducted by the State Medical Board of Ohio on December 17-19, 1957, were considered by the Board at its meeting on January 28. On the basis of the examinations, 66 graduates of schools of medicine were authorized to receive certificates to practice medicine and surgery. In addition, 19 graduates of osteopathic schools were authorized to receive certificates to practice osteopathic medicine and surgery.

In the limited practice branches, certificates were awarded to 1 chiropodist, 6 mechanotherapists, 8 chiropractors, 5 masseurs and 2 cosmetic therapists.

Highest grade in the examinations in medicine and surgery was made by Robert J. Panaro, Youngstown, a graduate of the University of Ghent, Belgium. His average was 92.1.

Second high grade went to Carl J. Mader, Akron, a graduate of Dalhousie University, Canada, who scored 88.9. A close third with a grade of 88.8 was Hartmut T. Weber, New York City, a graduate of the University of Heidelberg, Germany.

Following are the names of those licensed to practice medicine and surgery. (Home address is given in parentheses if the home address is different from the place of residence at the time of examination.

Graduates of U. S. and Canadian Schools

Barrett H. Bolton, Akron, Northwestern University; Gust Boulis, Youngstown (Vandergrift, Penna.) Jefferson Medical College; Robert G. Carter, Kent (Alliance), University of Washington;

Herbert F. Cronin, Toledo, University of Pittsburgh; Joel K. Eakins, Cuyahoga Falls, University of Illinois; Burril B. Fine, Detroit, Mich. (Montreal, Canada), University of Montreal; John W. Foderick, Mogadore (Toronto, Canada), University of W. Ontario; Gerald Goldberg, Cleveland (Toronto, Canada), University of Toronto;

Charles A. Hattaway, Toledo, University of Michigan; Arthur W. Haines, Toledo (N. Madison), University of Michigan; Dale R. Hines, Cincinnati (Fairborn), Northwestern University; John G. Kramer, Toledo (Swanton), Northwestern University;

Carl J. Mader, Akron (Nova Scotia, Canada), Dalhousie University; Thomas W. Mahoney, Jr., Toledo, Georgetown University; Theodore F. Marsh, Cleveland, Loyola University; Juan H. Montier, Cleveland (Boston, Mass.), Howard University; Michael D. Orlando, Columbus (Youngstown), Northwestern University;

Paul Radetsky, Columbus (Denver, Colo.), University of Colorado; John W. Rechsteiner, Springfield (Akron), Ohio State University; Richard D. Ruffin, St. Louis, Mo. (Cairo, Ill.), Meharry; Samuel J. Sallomi, Akron, (Aurora, Ill.), Northwestern University;

Gilbert M. Schiff, Cincinnati, University of Cincinnati; James H. Steiner, Akron (Sterling), Hahnemann University; James R. Stull, Springfield, Jefferson Medical College;

Ramon W. Vera, Garden City, Mich. (Moca, Puerto Rico), Louisiana State University; Langdon T. Williams, Jr., Columbus, Jefferson Medical College; Wilbur L. Zike, Akron, McGill University.

Graduates of Foreign Schools

(Arranged alphabetically by country in which medical school of graduation is located.)

Austria: University of Vienna—Taylor A. Osten, Michigan, N. D.

Belgium: University of Ghent—Robert J. Panaro, Youngstown.

Brazil: University of Para—Aniceto P. Carneiro, Steubenville.

Chile: University of Chile — Benjamin C. Guttman, Houston, Texas.

Cuba: University of Havana—Juan A. Young, Buffalo (Havana, Cuba).

France: University of Montpellier — Joseph Yared, Cleveland (Euclid).

University of Strasburg—Gunther Ceelen, Columbus.

W. Germany: University of Bonn—George L. Lielbriedis, Bolivar, Tenn.

University of Erlangen—Maria A. Manacka-Huk, Willard, N. Y.

University of Freiburg—Gertrud B. Brecht, Cincinnati.

Germany: University of Heidelberg — Edmundas Lenkauskas, Cleveland; Hartmut T. Weber, New York City.

University of Munich—Alexander S. Lermer, Akron; Ivan O. Meyer, Akron; Kurt W. Michaelis, Richmond, Va.; Vladimir Shkilnyk, Cambridge, Mass.; Luba C. Stefaniwsky, Irvington, New Jersey.

University of Peter Pazmany—Nicholas M. Juhasz, Asbury Park, N. J.

University of Wursburg—Joachim H. Wittoesch, Rochester, Minn.

England: Royal College of Physicians and Surgeons, London—Joseph H. Rayner, Lima.

Hungary: University of Budapest—George B. Zaboji, Middletown, Conn.

University of Debrecen—Albert Enrody, Toledo.

Italy: University of Bologna—Gaetano Roncagli, Cleveland; Anthony P. Russo, Toledo (Brooklyn, N. Y.)

University of Rome — Amore Longano, Chicago, Ill.; Agim Leka, New York City; Samuel F. Petraglia, Pittsburgh, Pa.

Japan: Keio Gijuku University—Chishu T. Uesu, Dayton (Honolulu, Hawaii).

Lebanon: French University of Beirut—Antoine M. Harouny, Cleveland.

Lithuania: University of Kaunas—Lilija Ignatonis, Cambridge; Stepas Sviderskas, Lincoln, Ill.

Mexico: National Autonoma University—Alfred Jasso, Akron.

Philippines: St. Thomas University—Flavio F. Talens, Buffalo, N. Y.

Rumania: University of Bucharest—Victor Brandus, New York City.

Russia: Second Medical School in Moscow—William Carroll, Richmond, Va.

Switzerland: University of Berne — Leslie Lorenson, Columbus.

University of Geneva—Philip Zeitler, New York City.

University of Lausanne—Irwin A. Silverstone, Newark, N. J.

Ukraine: Medical Institute of Kiev—Vladimir Boldowsky, Staten Island, N. Y.

* * *

Licensed Through Endorsement by State Medical Board

The State Medical Board of Ohio has issued licenses to practice medicine and surgery in the State to the following physicians through endorsement of their licenses to practice in other states, or certification by the National Board of Medical Examiners (included are intended residence and medical school of graduation):

December 18, 1957—Herbert Joseph Leary, Cambridge, Syracuse College of Medicine; Edwin W. Smith, Cincinnati, Boston University; Robert S. Van Dervort, Elyria, University of Pittsburgh.

January 28, 1958—Robert Brown Ainslie, Cleveland, Univ. of Rochester; Theodor Bonstedt, Toledo; Univ. of Munich; Earl Brightman, Cleveland, Univ. of Toronto; Marvin J. Brown, Cleveland, Univ. of Zurich, Switzerland; Ernest Gordon Brookfield, Cleveland, Univ. of Michigan;

Hammond Pang Chen, Canton, Nat. Medical College of Shanghai; Fred George Conrad, Columbus, Univ. of Rochester; Thomas Mallon Daniel, Cleveland, Harvard Medical School; John Douglas Denison, Ashtabula, Univ. of St. Andrews, Scotland;

John Crawford Gillen, Wellston, Vanderbilt University; David R. Ginder, Youngstown, Harvard Medical School; Ervin Alexander Gombos, Univ. of Zagreb, Yugoslavia; Edward A. John, Worthington, Col. of Med. Evangelists; Wenner Dudley Johnson, Columbus, Univ. of Illinois;

Layton Maurice Kest, Cleveland, Northwestern University; Walter Reid Kohlheim, Temple; Alfons Landwehr, Univ. of Goettingen; Russell E. Leach, Cambridge, Tufts Medical School; Benjamin Harrison Libien, Toledo, Univ. of Louisville; Hwei-Ya Chang Loh, Cleveland, Nat. Hsiang Ya Medical College, China; J. Wei-Ping Loh, Cleveland, National Medical College of Shanghai; Athey Ragan, Lutz, Med. College of Virginia;

Hilbert Mark, Toledo, Univ. of Minnesota; Julius Nemeth, Massillon, Univ. of Budapest; James F. Nichols, Rocky River, Tufts Medical School; Essex Crystol Noel, III, Cincinnati, Meharry Medical College; Louis W. Nowack, Bowling Green, Northwestern University; Thomas G. Olsen, Columbus, Univ. of Wisconsin;

Jaroslav George Panchuk, Friedrich Alexander Univ., Erlangen, Germany; John L. Porter, Cleveland, Loyola University; Lorand C. A. Reich, Univ. of Budapest; Joseph E. Russell, Cincinnati, St. Louis University;

Mackenzie Smith, Cincinnati, Univ. of Washington; Frederick Abbott Smith, Berea, Univ. of Minnesota; Robert J. Smith, Meharry Medical College; Robert Douglas Wayman, Columbus, State Univ. of New York.

Three Ohio physicians are on the program of the Fifth Bahamas Medical Conference to be held in Nassau, Bahamas, April 1-12. They are Dr. Ralph I. Fried, Cleveland; Dr. Irvine H. Page, Cleveland; and Dr. Leonard Gottesman, Cincinnati. Details may be obtained by writing (10 cents air mail) to Dr. B. L. Frank, Bahamas Medical Conference, Dolphin Hotel, P. O. Box 1718, Nassau, Bahamas.

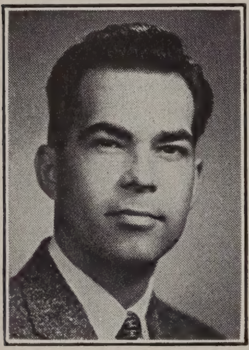
New Executive Secretaries . . .

Summit County Medical Society and Cleveland Academy Appointees Announced; Ohio Academy of General Practice Has New Executive

EXECUTIVE Secretaries of three Ohio medical organizations have been named recently. The first executive secretary of the Summit County Medical Society has been appointed and new executive secretaries for the Academy of Medicine of Cleveland, and the Ohio Academy of General Practice have been announced.

Summit County Society

The Summit County Medical Society has taken on its first full-time executive secretary, Sidney H. Mountcastle, who will maintain offices in Akron.


Sidney H. Mountcastle

For the last six years, Mr. Mountcastle has been director of the "American Cancer Society's Canton-Stark County Unit. Under his direction the unit developed as a kind of laboratory for community-wide cancer control pilot programs which have been copied widely. Four of the nation's approximately 600 approved cancer diagnostic clinics were organized and subsidized by Stark County Doctors and his office. The office also established the first county-wide registry of cancer patients, a service it continues to maintain. In 1956 his office received the Ohio Division, American Cancer Society, citation for helping staffs of Stark Hospitals establish programs of cancer re-education for the medical profession in the area.

Mr. Mountcastle is a native of Lakewood and a veteran of three years service in the Marine Corps. At Kent State University he studied journalism and public relations while taking extra work in adult education at Mount Union College at Alliance.

In his new work he will be assigned to organizing and implementing community service efforts of the Society. Internally, his main responsibility will be to improve and add to practical services to Society members.

The new executive secretary is married and the father of three children.

Cleveland Academy of Medicine

The Cleveland Academy of Medicine has named as its new executive secretary Robert A. Lang who had been assistant professor in the Speech Department of Western Reserve University until he assumed his new duties early in February. Mr. Lang succeeds M. John Hanni, Jr., after the latter resigned to accept a similar post with the Dade County (Florida) Medical Society.

Robert A. Lang

Mr. Lang has an outstanding record of advancement in the education field and an enviable record of service in the Air Force during World War II. A native of Cleveland he obtained his bachelor degree from Western Reserve in 1941 and that same year went into the Air Force. Rising from the rank of private to captain he served considerable time as photo intelligence officer in Europe.

After the war he became a teaching fellow at Western Reserve and earned a Master's degree in 1947. In 1950 he was awarded the Ph. D. degree from Northwestern University. In addition to his assistant professorship at the university he has considerable experience in radio and television work. Affiliations include memberships in the City Club, the American Association of University Professors, Speech Association of America and the Broadcasting Council of WRU.

Elected a councilman for the City of South Euclid in 1957, he is chairman of the legislative committee; also chairman of the McBride Lecture Foundation since 1951. He has organized and trained speakers bureaus for various industrial organizations in the Cleveland area.

Mr. Lang is married and the father of two daughters.

Ohio Academy of GP

The Board of Directors of the Ohio Academy of General Practice named as its new lay executive secretary David J. Byrnes who assumed the position January 1.

David J. Byrnes

Mr. Byrnes was born in Columbus and took his college preparatory work in the Columbus schools. He entered Cornell and received a B. S. degree in 1930. He was then admitted to Medical School (Cornell) and continued there until he developed bulbar poliomyelitis in his senior year. Confined to a respirator supposedly for life, he was granted an M. D. degree from Cornell. His condition improved and he accepted a scholarship to Columbia where he completed work leading to a degree in law (LL. B.) and a degree in business administration (B. S.) both in 1936.

His work has been in the field of sales promotion and publicity management, hospital consultation, construction equipment and the teaching of personnel in techniques and procedures. Respective associations were with DuPont, the Wright Aeronautical Corporation, the Chrysler Corporation, Joseph Lucas, Ltd., of Birmingham, England. During World War II he did special intelligence work for the U. S. Government.

Mr. Byrnes is a member of the Executive Clubs of America, the Masonic Lodge, the Athletic Club, the Advertising Clubs of America, the American Sales Managers Association and the Episcopal Church.

Heart Association Makes Booklets Available

Three new booklets prepared especially for adult heart patients placed on sodium-restricted diets by their physicians have been published by the American Heart Association, Dr. Maurice A. Schnitker, president of the Ohio State Heart Association, announced.

The booklets are available from the chapters of the OSHA and also may be obtained by writing the OSHA, 131 E. State St., Columbus 15. The titles are: "Your Mild Sodium-Restricted Diet," "Your 1000 Milligram Sodium Diet," and "Your 500 Milligram Sodium Diet."

Two contributions, one of $107,000 from the Timken Roller Bearing Company Charitable Trust and a second of $100,000 from the Timken Foundation, have been made to the Bucyrus Community Hospital Building Fund.

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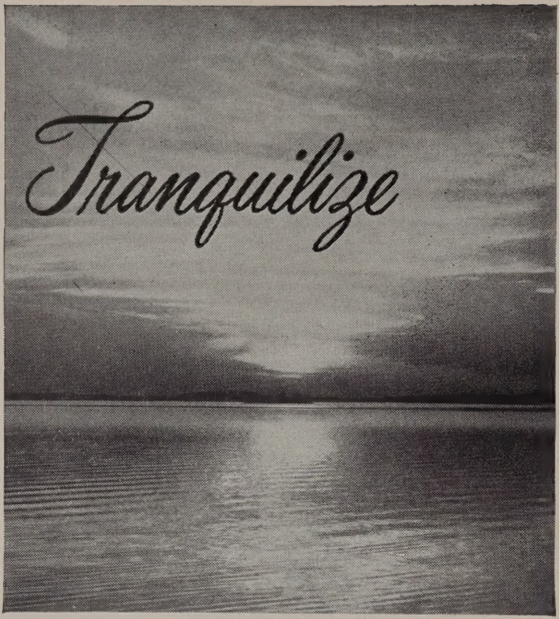

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Amobarbital	30.0 mg.
Vitamin B-1	1.0 mg.
Vitamin B-2	2.0 mg.
Vitamin B-6	0.1 mg.
Calcium Pantothenate	1.0 mg.
Niacinamide	20.0 mg.
Vitamin C	30.0 mg.

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actually lowers* gastric secretion

*Tests in a series of 25 patients show that there is "a definite and distinct lowering [of both volume of secretions and of free hydrochloric acid] in the majority of patients. . . . No patients had shown any increase in gastric secretions following administration of the drug."[1]

Now you have 4 advantages when you calm ulcer patients with ATARAX:

1. ATARAX suppresses gastric secretions; others commonly increase acidity.
2. ATARAX is "the safest of the mild tranquilizers."[2] (No parkinsonian effect or blood dyscrasias ever reported.)
3. It is effective in 9 of every 10 tense and anxious patients.
4. Five dosage forms give you maximum flexibility.

supplied: 10, 25 and 100 mg. tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

references: 1. Strub, I. H.: Personal communication. 2. Ayd, F. J., Jr.: presented at Ohio Assembly of General Practice, 7th Annual Scientific Assembly, Columbus, September 18-19, 1957.

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In Memoriam . . .

Theodore K. Bange, M. D., Cincinnati; Miami Medical College, Cincinnati, 1905; aged 75; died January 5; member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. A native of Cincinnati, Dr. Bange served all of his professional career of more than a half century there. He was a member of the Elks and Masonic Lodges, a former deputy coroner of Hamilton County and captain in the Army Reserves. Survivors include a daughter and a brother.

Joseph Walter Barker, M. D., Harbor Hills and Newark; Baltimore Medical College, 1898; aged 84; died January 19; member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. Dr. Barker moved to Newark in 1902 and practiced there until his retirement in 1954. For 27 years he served on the board of YMCA and was its president for many years. He was a member of the Presbyterian Church and several Masonic bodies. His widow survives.

John P. Beneke, M. D., Cincinnati; Medical College of Ohio, Cincinnati, 1901; aged 80; died January 14; member of the Ohio State Medical Association and the American Medical Association through 1956. A practicing physician in Cincinnati for more than a half century, he had received the 50-Year Award of the OSMA. A member of the Evangelical and Reformed Church, he is survived by a sister.

Asher C. Biddle, M. D., Mansfield; College of Physicians and Surgeons of Baltimore, 1904; aged 84; died January 13; member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. Dr. Biddle practiced medicine for more than a half century. He moved to Mansfield in 1928 after previously practicing in Columbus and in Lewistown, Mont. Surviving are his widow, two daughters, a sister and two brothers, Dr. David Biddle, Athens, and Dr. Benjamin Biddle, Lancaster.

Edward Cook, M. D., Hamilton; Medical College of Ohio, Cincinnati, 1902; aged 91; died January 19; former member of the Ohio State Medical Association. Dr. Cook served all of his professional career in Hamilton and was Butler County coroner for 30 years. He also served a term as city councilman. His activities included memberships in the Order of Eagles, the Police Mutual Aid Society and the Catholic Church. Surviving are his widow, two sons, a daughter and a sister.

Andre Crotti, M. D., Columbus; Faculty of Medicine, University of Lausanne, Switzerland, 1900; aged 84; died January 31; member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award; member of the American Medical Association and the International College of Surgeons, and Fellow of the American College of Surgeons. Dr. Crotti was an internationally known teacher, author, surgeon and researcher. He was the first president of the United States Chapter, International College of Surgeons, and second president of the International organization. The ICS dedicated the May-June, 1949 issue of its journal to him. He helped found what is now the Columbus Cancer Clinic and took an active part in its work. During World War I Dr. Crotti served with the Medical Corps of the U. S. Army and received decorations from Poland, France and Italy. He was a member of the Catholic Church. Survivors include his widow, and his son-in-law and daughter, Dr. and Mrs. Maurice G. Buckles.

Nathan P. Frolkis, M. D., Augusta, Ga.; Western Reserve University School of Medicine, 1936; aged 46; died January 14; former member of the Ohio State Medical Association; member of the American Medical Association and the American Academy of General Practice. A former practicing physician in Akron, Dr. Frolkis gave up private practice for health reasons and became associated with the Veterans Administration. He was on the staff of the VA Hospital in Augusta, Georgia. Surviving are his widow, two daughters, a son, his mother and a brother.

Alfred George Goll, M. D., Stryker; Northwestern University Medical School, 1899; aged 85; died January 26; former member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. A native of Williams County, Dr. Goll practiced there all of his professional career. Active in community affairs, he was for 40 years a member of the local school board; he also was a 32nd Degree Mason and a member of the Lutheran Church. Surviving are his widow, a daughter, a sister and two brothers. One brother is Dr. Charles Goll, also a practicing physician in Stryker.

Sidney Littman, M. D., Santa Barbara, Calif.; Western Reserve University School of Medicine, 1918; aged 67; died January 19; former member of the Ohio State Medical Association. Dr. Littman practiced medicine in Cleveland for 35 years.

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SOOTHING ACTION . . . Kaolin and pectin coat and soothe the inflamed mucosa, adsorb toxins and help reduce intestinal hypermotility.

BROAD THERAPY . . . The combined antibacterial effectiveness of neomycin and Sulfasuxidine is concentrated in the bowel since the absorption of both agents is negligible.

LOCAL IRRITATION IS REDUCED and control is instituted against spread of infective organisms and loss of body fluid.

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He retired in 1955 and moved first to Florida and later to California. His widow and a daughter survive.

Clark E. Hetherington, M. D., Cincinnati; Chicago Homeopathic Medical College, 1901; aged 83; died January 17; member of the Ohio State Medical Association and the American Medical Association. Dr. Hetherington was a native of Piqua and practiced there from 1901 until his retirement in 1954. Surviving are his widow, three brothers and two sisters.

William Briscoe Robinson, M. D., Los Angeles, Calif.; Medical College of Ohio, Cincinnati, 1896; aged 90; died January 22. A practicing physician in Mt. Gilead for 50 years, Dr. Robinson had been residing in California for the past five years. Survivors include his widow, three daughters and two sons, one of whom is Dr. Gerard B. Robinson, of Mt. Gilead.

Albert H. Sealy, M. D., Columbus; Ohio State University College of Medicine 1912; aged 75; died January 15; member of the Ohio State Medical Association and the American Medical Association. Dr. Sealy had been a practicing physician in Columbus for 45 years. Affiliations included membership in the Masonic Lodge. He is survived by a son. Also surviving are brothers and sisters in England.

Robert Benjamin Smith, M. D., Akron; Ohio State University College of Medicine, 1940; aged 42; died February 2; member of the Ohio State Medical Association and the American Medical Association; diplomate of the American Board of Internal Medicine. Dr. Smith was a life resident of Akron. He was a member of the Kiwanis Club, the Torch Club, University Club, Akron City Club and the Congregational Church. Surviving are his widow, two sons, a daughter, his father and a brother.

August C. L. Werner, M. D., Cincinnati; University of Louisville School of Medicine, 1908; aged 77; died January 13; member of the Ohio State Medical Association and the American Medical Association. A native of Cincinnati, Dr. Werner practiced there many years and for 41 years was head of the medical department of the Lodge & Shipley Company. From 1913 to 1917 he was superintendent of the Dayton State Hospital. Surviving are his widow, a son, two daughters and a sister.

Jacob A. Yoder, M. D., Mansfield; University of Wooster Medical Department, Cleveland, 1898; aged 89; died January 30; member of the Ohio State Medical Association and the American Medical Association. Dr. Yoder began his practice in Lucas and moved to Mansfield in 1904. He had been honored with the 50-Year Award of the OSMA and with an award for 50 years service on the staff of the Mansfield General Hospital. A 32nd Degree Mason and a member of the Methodist Church, he left four grandchildren and nine great-grandchildren.

The Illinois State Medical Society is sponsoring a trip to the Hawaiian Islands in connection with the Annual Session of the American Medical Association in San Francisco in June. The party will leave by air the night of June 26 from San Francisco. Physicians from other states and members of their families are invited to join the group.

Natural increases in the population of the United States in 1957 added about 2,680,000 persons and migration added another 330,000, making the total population (including the Armed Forces overseas) 172,830,000 at the end of the year. Since the 1950 census, 21,700,000 have been added to the population, or an increase of 1.7 per cent annually.—Metropolitan Life.

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there's pain and inflammation here... it could be mild or severe, acute or chronic, primary or secondary fibrositis—or even early rheumatoid arthritis

more potent and comprehensive treatment than salicylate alone

. . . assured anti-inflammatory effect of low-dosage corticosteroid[1]

. . . additive antirheumatic action of corticosteroid plus salicylate[2-5] brings rapid pain relief; aids restoration of function.

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Sigmagen®
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Meticorten® (prednisone)	0.75 mg.
Acetylsalicylic acid	325 mg.
Aluminum hydroxide	75 mg.
Ascorbic acid	20 mg.

Packaging: Sigmagen Tablets, bottles of 100 and 1000.
References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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Acute conditions: Two or three tablets four times daily. After desired response is obtained, gradually reduce daily dosage and then discontinue.
Subacute or chronic conditions: Initially as above. When satisfactory control is obtained, gradually reduce the daily dosage to minimum effective maintenance level. For best results administer after meals and at bedtime.
Precautions: Because SIGMAGEN contains prednisone, the same precautions and contraindications observed with this steroid apply also to the use of SIGMAGEN.

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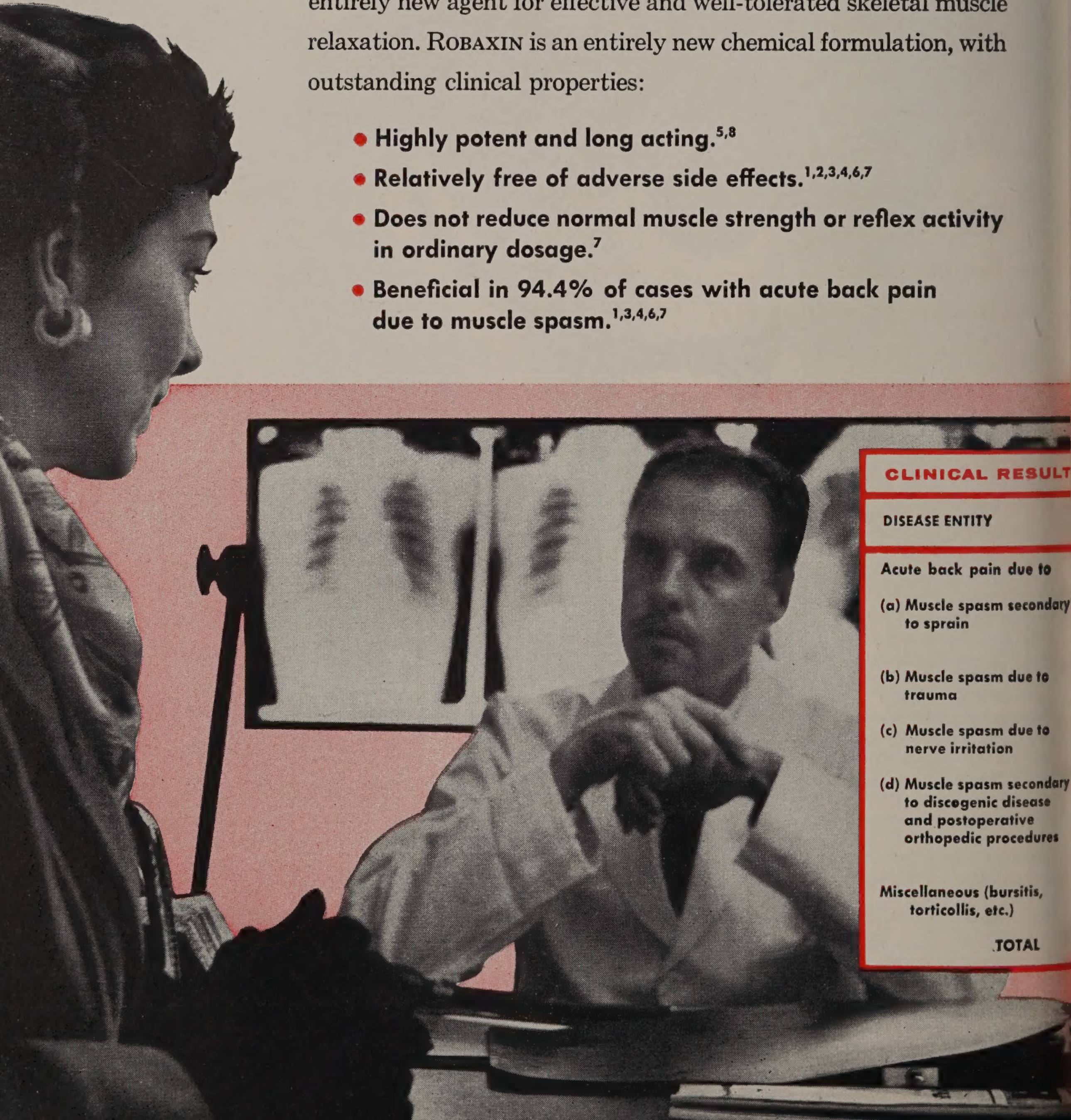
ROBAXIN – synthesized in the Robins Research Laboratories, and intensively studied for five years – introduces to the physician an entirely new agent for effective and well-tolerated skeletal muscle relaxation. ROBAXIN is an entirely new chemical formulation, with outstanding clinical properties:

- **Highly potent and long acting.**[5,8]
- **Relatively free of adverse side effects.**[1,2,3,4,6,7]
- **Does not reduce normal muscle strength or reflex activity in ordinary dosage.**[7]
- **Beneficial in 94.4% of cases with acute back pain due to muscle spasm.**[1,3,4,6,7]



CLINICAL RESULT

DISEASE ENTITY
Acute back pain due to
(a) Muscle spasm secondary to sprain
(b) Muscle spasm due to trauma
(c) Muscle spasm due to nerve irritation
(d) Muscle spasm secondary to discogenic disease and postoperative orthopedic procedures
Miscellaneous (bursitis, torticollis, etc.)
TOTAL

baxin

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Highly specific action

Robaxin is highly specific in its action on the internuncial neurons of the spinal cord – with inherently sustained repression of multisynaptic reflexes, but with no demonstrable effect on monosynaptic reflexes. It thus is useful in the control of skeletal muscle spasm, tremor and other manifestations of hyperactivity, as well as the pain incident to spasm, without impairing strength or normal neuromuscular function.

Beneficial in 94.4% of cases tested

When tested in 72 patients with acute back pain involving muscle spasm, Robaxin induced marked relief in 59, moderate relief in 6, and slight relief in 3 – or an over-all beneficial effect in 94.4%.[1,3,4,6,7] No side effects occurred in 64 of the patients, and only slight side effects in 8. In studies of 129 patients, moderate or negligible side effects occurred in only 6.2%.[1,2,3,4,6,7]

ITH ROBAXIN IN ACUTE BACK PAIN[1,3,4,6,7]

O. OF ASES	DURATION OF TREATMENT	DOSE PER DAY (divided)	RESPONSE				SIDE EFFECTS
			marked	mod.	slight	neg.	
18	2-42 days	3-6 Gm.	17	1	0	0	None, 16 Dizziness, 1 Slight nausea, 1
13	1-42 days	2-6 Gm.	8	1	3	1	None, 12 Nervousness, 1
5	4-240 days	2.25-6 Gm.	4	1	0	0	None, 5
30	2-28 days	1.5-9 Gm.	24	3	0	3	None, 25 Dizziness, 1 Lightheadedness, 2 Nausea, 2 *
6	3-60 days	4-8 Gm.	6	0	0	0	None, 6
2			59	6	3	4	*Relieved on reduction of dose

References: 1. Carpenter, E. B.: Publication pending. 2. Carter, C. H.: Personal communication. 3. Forsyth, H. F.: Publication pending. 4. Freund, J.: Personal communication. 5. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: American Pharm. Assn. 46:374, 1957. 6. Nachman, H. M.: Personal communication. 7. O'Doherty, D.: Publication pending. 8. Truitt, E. B., Jr., and Little, J. M.: J. Pharm. & Exper. Therap. 119:161, 1957.

Indications – Acute back pain associated with: (a) muscle spasm secondary to sprain; (b) muscle spasm due to trauma; (c) muscle spasm due to nerve irritation; (d) muscle spasm secondary to discogenic disease and postoperative orthopedic procedures; and miscellaneous conditions, such as bursitis, fibrositis, torticollis, etc.

Dosage – Adults: Two tablets 4 times daily to 3 tablets every 4 hours. Total daily dosage: 4 to 9 Gm. in divided doses.

Precautions – There are no specific contraindications to Robaxin and untoward reactions are not to be anticipated. Minor side effects such as lightheadedness, dizziness, nausea may occur rarely in patients with unusual sensitivity to drugs, but disappear on reduction of dosage. When therapy is prolonged routine white blood cell counts should be made since some decrease was noted in 3 patients out of a group of 72 who had received the drug for periods of 30 days or longer.

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Activities of County Societies . . .

First District

(COUNCILOR: FRANK H. MAYFIELD, M. D., CINCINNATI)

CLERMONT

Members of the Clermont County Medical Society met on February 19 at the Millcroft Inn, Milford, with Dr. George J. Watkins as host. Dr. William E. Hillard, Cincinnati, discussed the subject, "Tranquilizers."

HAMILTON

The Academy of Medicine of Cincinnati in cooperation with the Southwestern Ohio Society of General Physicians sponsored a program January 21 on the subject, "The Rational Handling of Diabetes." Guest speaker was Dr. Rachmiel Levine, chairman of the Department of Medicine and director of the Department of Metabolic and Endocrine Research, Michael Reese Hospital, Chicago.

The February program of the Academy of Medicine of Cincinnati included the following features:

February 4—"Work in Congress and the Activities of Our Legal Watchdogs," C. Joseph Stetler, director of the Law Department, AMA.

February 18—"The Endocrinology of Normal and Abnormal Sexual Behavior," Dr. Robert Greenblatt, professor of endocrinology, Medical College of Georgia.

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CLARK

Speaker for the January 20 meeting of the Clark County Medical Society was Dr. Warren E. Wheeler, professor of pediatrics at Ohio State University and medical director of the Columbus Children's Hospital. His talk entitled "Beware—the Laboratory," was one in which he emphasized the necessity for a knowledge of laboratory technique and practice in order for the physician to interpret clinically the results.

Dr. George D. Whitacre was honored for his half century of devotion to responsibility as a practicing physician. Because Dr. Whitacre was unable to be present at the meeting, Dr. R. Dean Dooley, Dayton, Second District Councilor, Dr. E. W. Schilke and Dr. J. Harold Shanklin made the presentation at his home.

Dr. Whitacre established his practice in Springfield in 1907. Commenting in the society bulletin, President Schilke said of Dr. Whitacre, "He can look back with pride on his long years of useful and distinguished work. Elizabeth Barrett Browning states it best in the following lines: (the lines are from the "Reward of Service," ending "Thou shalt be served thyself by every sense Of Service which thou renderest."

Dr. Montanus reported on the work of the Committee that was formed to study the advisability of a uniform procurement of interns at both Springfield Hospitals. The following are the Committee's recommendations: Such a program must be impartial. At the start the assignment of interns would not be by the Medical Society or the Committee. Procurement must be separated from the hospitals. The Society shall control and finance entertainment for prospects. The Chairman of the Committee should not be the head of the Hospital Committee but the Hospital Committee heads shall be members of the Society's Committee.

A motion was passed favoring the Society joining the Clark County Blood Assurance Program. This motion was then brought to the floor for vote and passed by the Society.

Bulletin note: A question to be asked the guest speaker at each meeting—"What do you think the principal or primary function of a County Medical Society should be?" Dr. Wheeler's answer was—"To help members in getting to know each other."

(The foregoing excerpts are from the Society Bulletin with Dr. Harold Fishbain and Dr. H. M. Tardif, editor and co-editor.)

DARKE

An interesting discussion on "African Medicine" was presented by Dr. A. E. Thuma, New Madison, with the aid of color slides, at the January 21 dinner meeting of the Darke County Medical Society. The meeting was held in the Treaty City White Shrine Temple in Greenville.

The Darke County Medical Society held its regular monthly dinner meeting on February 18 at the Treaty City White Shrine Temple in Greenville. The subject "Office Proctology" was discussed.

GREENE

Dr. B. F. Lee, Xenia, has been named President of the Greene County Medical Society. Dr. Paul Vernier, Fairborn, has been named vice-president, and Dr. Carl Hyde, Yellow Springs, secretary-treasurer.

MIAMI

Miami County Medical Society met on February 7 at the Dettmer Hospital, Troy. Speaker was Dr. Edmund Saunders, of the Radiology Depart-

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safety. . . It is considered
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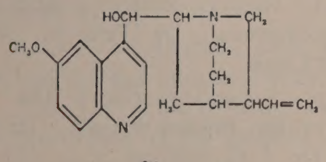

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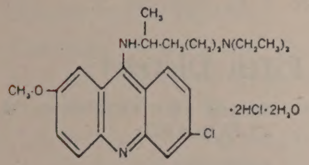

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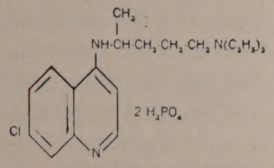

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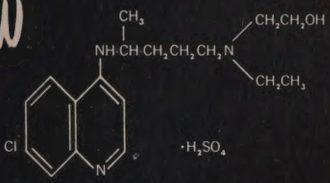

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ERENCES:

Scherbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
Editorial: *Bull A. Mil. Dermatologists,* The Shock Section 5:25, Nov., 1956.
Cornbleet, Theodore: Arch. Dermat. 73:572, June, 1956.

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ment, Dettmer Hospital, who discussed the subject, "What Can You Expect from X-Ray Therapy?" The afternoon program was followed by dinner.

MONTGOMERY

Nearly 400 Montgomery County Medical Society members, their wives and guests witnessed the installation of 1958 officers at the annual inaugural meeting on January 10 at the Biltmore Hotel.

Installed as the 109th president of the Society was Dr. A. V. Black, of Centerville. Dr. R. Dean Dooley, retiring president, presided at the installation. Other officers serving for the first time in 1958 are: Dr. A. J. Carlson, president-elect; Dr. C. G. Livingood, vice-president; Dr. W. D. Welton, secretary; Dr. G. L. Parkin, treasurer; and Dr. L. E. Baker, trustee (3-Year term).

Officers previously installed but who will remain as Council members in 1958 are: Dr. Dooley, past-president; Dr. Richard C. Miller and Dr. Mason S. Jones, trustees; and Dr. F. L. Shively, Jr., chairman of the Past-Presidents' Committee.

The National Cash Register Company was host to members of the Montgomery County Medical Society for dinner and the meeting on February 7 in the Horseshoe Dining Room at NCR. Speaker for the occasion was Everett C. Yowell, Ph. D., whose topic was, "Electronics—Man's Next Slave."

The Dayton Obstetrical and Gynecological Society met on February 19 for a social hour, dinner and program at the Van Cleve Hotel, Dayton. Speaker was Dr. Warren E. Wheeler, professor of pediatrics at the Children's Hospital, Columbus. His topic was "The Obstetrician Looks at Blood Group Incompatibilities." Dr. Mason S. Jones acted as moderator for the program.

PREBLE

At a recent meeting of the Preble County Medical Society, Dr. Carle W. Beane, Eaton, was honored with the 50-Year Award of the Ohio State Medical Association. He was commended for his many years of devoted service in the medical profession and for his additional service to the community as Preble County health commissioner for 18 years and combined Preble-Darke County commissioner for several years.

Dr. R. Dean Dooley, Dayton, Councilor of the Second District, made the presentation.

Fourth District

(COUNCILOR: PAUL F. ORR, M. D., PERRYSBURG)

LUCAS

The Academy of Medicine of Toledo and Lucas County listed the following features on its program for February:

February 6—Toledo Medical Library Association Annual Meeting, social hour and dinner followed by program.

February 13 and 14—Postgraduate Lecture Series: This program was presented by the Medical Advancement Trust of Maumee Valley Hospital and the Northwestern Ohio Heart Association. Lecturer was Dr. E. M. Papper, director of the anesthesiology service at Presbyterian Hospital, New York. His theme was "Physio-Pathology of the Cardio-Respiratory Systems."

February 21—Medical Section; "Medical Aspects of Hypoglycemia," Dr. Penn G. Skillern, III, Cleveland Clinic.

February 28—Surgical Section; "The Initial Management of the Burned Patient," Dr. J. C. Kelleher and Dr. J. G. Sullivan.

Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

CUYAHOGA

The January program of the Academy of Medicine of Cleveland included the following features:

January 17, a program on "Bronchial Asthma," presented by the Cleveland Allergy Society. The following subjects were discussed by speakers as indicated:

"The Allergic Individual and Asthma," Dr. William P. Garver;

"The Immunology of Asthma," Dr. Harold J. Friedman;

"Drugs Used in the Treatment of Asthma," Dr. Iredell M. Hinnant.

There followed a panel discussion with Dr. Myron A. Weitz as moderator, and a panel consisting of the foregoing speakers and Dr. Bram Rose. After dinner, Dr. Rose, associate professor of medicine, McGill University, presented the subject, "Recent Advances in the Mechanism of Allergic Reactions."

January 20, the Experimental Medicine Section of the Academy and the Cleveland Section of the Society for Experimental Biology and Medicine met for a joint program.

January 29, the Institute for Interprofessional Planning for Disaster Relief was held at the Hotel Carter. Participating in this program were the following: Colonel Joseph R. Shaeffer, Lieutenant Colonel Joseph D. Goldstein, Colonel Albert J. Glass, all of the Medical Corps, U. S. Army; Dr. Curtis H. Lohr, superintendent and director of the St. Louis County Hospital, Missouri; and Major Harriet H. Werley, Nursing Corps, U. S. Army.

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

MAHONING

The following report of the January 9 meeting appeared in the *Youngstown Vindicator* and was forwarded by Dr. Clyde K. Walter, correspondent:

Dr. Stephen W. Ondash, retiring president of the Mahoning County Medical Society, was praised for his work and presented a plaque by associates at the annual dinner meeting (January 9) at the Youngstown Country Club.

Dr. Andrew A. Detesco, new president, was installed and pledged to carry on the society's program. The Dr. A. Earl Brant award, a hand-turned gavel made by the surgeon, was presented to Dr. Detesco by Dr. Ondash.

Dr. Chauncey Stewart and Dr. S. W. Goldcamp, who have practiced medicine here for 50 years, were given their 50-year awards, with Dr. Richard Goldcamp receiving the pin for his father. Dr. C. A. Gustafson, councilor of the Sixth District of the Ohio Medical Association, made the awards.

Dr. Ondash reviewed the year's work, pointing to a strengthening of the public relations program under the direction of Dr. L. S. Shensa and establishment of a health commissioner for Youngstown who must be a physician. The latter work was led by Dr. John J. McDonough.

Dr. William Neidus was installed as president-elect: Dr. A. K. Phillips, secretary, and Dr. Fred Schlecht, treasurer. The officers and delegates, Dr. H. P. McGregor, Dr. Ashar Randall and Dr. Paul Mahar, and alternate delegates, Dr. Craig Wales, Dr. C. W. Stertzbach and Dr. McDonough, make up the council. Dr. M. S. Rosenblum will edit the organization's Bulletin. Dr. Sidney Berkowitz,, rabbi of Rodef Sholom Temple, offered the invocation. More than 200 attended, including the wives of members.

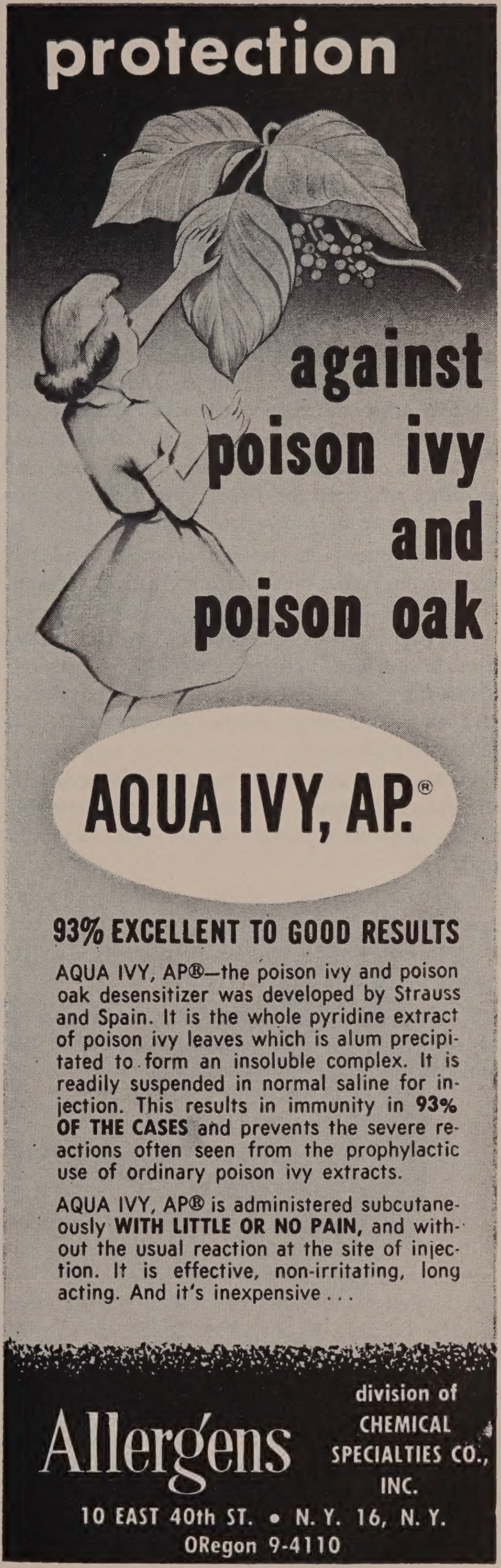
Adrian M. Slifka, television-radio editor of *The Vindicator,* spoke on "TV Interviews and Previews."

STARK

The Stark County Medical Society had as guest speaker on February 13 Dr. Scott N. Swisher, hematologist at the Strong Memorial Hospital, University of Rochester School of Medicine. His subject was "The Use and Abuse of Blood Transfusions." The evening meeting was held in the Belden Hotel, Canton.

SUMMIT

"Health Insurance" was the subject of discussion at the February 4 meeting of the Summit County Medical Society. The speaker was Dr.



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William J. McNamara, medical director, Bureau of Industrial Health, the Equitable Life Assurance Society of the United States. Dinner was served at the Akron City Club with the meeting following in the Akron General Hospital Auditorium.

TRUMBULL

With the January issue the Trumbull County Medical Society launched its new Bulletin. In it the Society secretary, Dr. Charles M. Stone, announced: "We hope that, from this humble beginning and with your help and cooperation, we may be able to produce a publication which will serve both to inform us and to guide us. Constructive criticism will be cheerfully accepted at any time."

The new president, Dr. Aubrey Sparks, outlined his program goals for 1958 with the following brief summary of the salient points:

1. Continue past effective programs and enlarge upon some, including an active speakers bureau.

2. Encourage continuation of private enterprise in medical practice, specifically regarding maintenance of immunizations in the physicians office and resistance to further attempts at socialization of medicine.

3. Maintain important committee functions by experienced members of each committee, probably making appointments for two and three years at a time.

4. To initiate and publish a bulletin for this society.

5. Revision of the constitution which was last revised in 1932.

6. Consideration of hiring an executive secretary for handling the increasing amount of administrative work in the society.

Seventh District

(COUNCILOR: ROBERT HOPKINS, M. D., COSHOCTON)

BELMONT

Following is a report of the January 16 meeting of the Belmont County Medical Society as excerpted from the *Martins Ferry News:*

A United Mine Workers local union president told the Belmont County Medical Society Thursday that the miners "will fight to the end" for the "right to a choice of hospitals and doctors."

The speaker was Russel Whitlatch of Dilles Bottom, president of Local 3, Powhatan Mining Co., which has a membership of more than 900 members.

Whitlatch, who represents one of the 10 local unions protesting the cutting off of hospitals and doctors from participation in the United Mine Workers Welfare and Retirement Fund, and Lester Zimmerman, Cadiz, president of UMWA Local 283, had been invited to address the doctors. Zimmerman did not appear. (There followed an extensive report of Mr. Whitlatch's talk.)

Dr. David Dannenberg, Society president, said that Whitlatch's talk was enlightening and that it was the first time the medical profession had an opportunity to get a direct statement on the thinking of the rank and file miners.

Dr. Charles Hudson, Cleveland, a Past-President of the Ohio State Medical Association, advised a "cautious" approach to the "third party" (in medicine) problem. Dr. Hudson proposed a continuation of arbitration between the doctors and the people who control the UMWA fund.

Other speakers included Dr. Robert Martin, Zanesville, State President, and Dr. Robert Hopkins, Coshocton, District Councilor. A recommendation that the Belmont County Medical Society incorporate was approved.

The Belmont County Medical Society met on February 20 at the Bellaire City Hospital for a program, business meeting and dinner. The Upjohn Grand Rounds film "Recent Advances in Treatment of Liver Disease," was the feature of the scientific program.

Eighth District

(COUNCILOR: WILLIAM D. MONGER, M. D., LANCASTER)

FAIRFIELD

George H. Saville, Director of Public Relations, Ohio State Medical Association, spoke on "You and Your Public" at a meeting of the Fairfield County Medical Society, Feb. 11, at Lancaster. He discussed the role of the AMA, OSMA, the county medical society and the practicing physician in maintaining public good will toward the medical profession.

Ninth District

(COUNCILOR: C. L. PITCHER, M. D., PORTSMOUTH)

SCIOTO

The Scioto County Medical Society met at General Hospital in Portsmouth on February 10. The Upjohn film, "Three Questions on Coronary Artery Disease," was shown as the scientific program.

Tenth District

(COUNCILOR: E. H. ARTMAN, M. D., CHILLICOTHE)

FRANKLIN

The Annual Meeting of the Columbus Academy of Medicine was held on January 20 at the Grandview Inn, Columbus. Following dinner and the installation of officers, the main part of the program featured a symposium on air and space travel presented by authorities in this field.

The topic was "The Physician's Role in Air and Space Travel—Present and Future." Speakers included Fred A. Hitchcock, Ph. D., professor of physiology, Ohio State University; Captain Sidney Leverett, U. S. Air Force; and Earl T. Carter, M. D., Ph. D., assistant professor of preventive medicine and physiology, Ohio State.

The next quarterly program of the Columbus Academy will be held in the Neil House, Columbus, Wednesday, April 9. This will be a joint meeting with the Columbus Bar Association. The general format of the program will feature a panel discussion, social hour and dinner to be followed by a speaker.

ROSS

The January meeting of the Ross County Medical Society was held at the Gold Key on the 9th. Thirty-two members and guests were present. Dr. Lewis W. Coppel, presided.

A number of letters from organizations were read thanking the Society for its activity and help which was given the various groups. Council meeting was announced to be held at Dr. MacCarter's residence. Committees for the coming year were announced. The Legislative Committee gave a report of two important bills, the Forand and the Jenkins-Keough Bills. An urgent plea was made by the Legislative Committee that individual letters go to Representatives rather than an organization endorsement.

Dr. Manchester then introduced the speaker for the evening who was Dr. Thomas A. Pomeroy of the X-Ray Department, Ohio State Medical Center. He discussed malignancies, the chemotherapy treatment and some of the newer concepts of the etiology of malignancies with emphasis on the theory that there is host resistance.—William M. Garrett, M. D., secretary-treasurer.

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

The Lorain County Medical Society held its January 14th meeting at the Oberlin Inn, Dr. B. V. Myers, newly elected president, presiding. In addition to the usual business, a Historical Committee was appointed. Each man is an honorary member, with the following active members: Dr. L. H. Trufant, Chairman; Dr. Valloyd Adair, Dr. George Nicholas, Dr. Birt Garver.

The major concern was discussion of H. R. 9, H. R. 10 and H. R. 9467. Dr. Paul Kopsch presented a concise and able analysis of these measures. Letters were sent by the members from

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this meeting to our Senators and Representatives urging their support of the H. R. 9 and H. R. 10, and their condemnation of H. R. 9467.—L. C. Meredith, M. D., Secretary-Treasurer.

WAYNE

"Forty to sixty per cent of your work overlaps," a Duke University expert told a gathering of 106 Wayne County physicians and ministers (January 15) in the Smithville Inn, reported the *Wooster Record*.

Dr. Russell L. Dicks, professor of pastoral care at the North Carolina school, addressed a combined dinner meeting of the Wayne County Medical Society and the Wayne County Ministerial Association.

The address concerned six areas in which the speaker said the two groups must be mutually alert: The dying person, the patient facing surgery, the convalescent, the alcoholic, couples with marital difficulties and senior citizens.

New manager of the Veterans Administration Hospital at Chillicothe is Dr. Sam Beanstock, former director of professional services at the VA Hospital in Lebanon, Pa. He succeeds Dr. Harry H. Botts who recently retired. Dr. Beanstock has previously served on the staff at the Chillicothe hospital.

American Academy of General Practice To Meet in Dallas, March 24-27

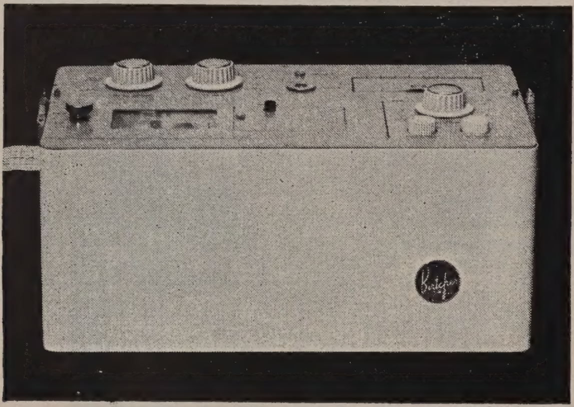
What are the emotional and physical problems of today's teen-ager? Can hypnosis cure headaches? What causes dizziness? These and countless other current questions will be answered at the American Academy of General Practice Tenth Annual Scientific Assembly, March 24-27 in Dallas' Memorial Auditorium.

The scientific program will feature 35 prominent physician-authorities. Ninety scientific and three hundred technical exhibits will be prepared for the 7,000 doctors and guests expected to attend. The Academy is presenting its scientific assembly in combination with the Dallas Southern Clinical Society.

The Congress of Delegates, policy-making body of the Academy, will convene March 22 at Dallas' Statler Hilton, the Academy headquarters hotel.

Details may be obtained from the Ohio Academy of General Practice, 209 South High Street, Columbus 15, Ohio.

The American Board of Obstetrics and Gynecology (Part II) oral and clinical examinations for all candidates eligible will be conducted at the Edgewater Beach Hotel, Chicago, May 7-17.



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Activities of Woman's Auxiliary . . .

CHAIRMAN PUBLICITY COMMITTEE—Mrs. C. H. Bell,
754 Dickson Parkway, Mansfield
(See Page 281 for roster of officers.)

CLARK COUNTY

The Woman's Auxiliary of the Springfield Dental Society was hostess at a combined luncheon meeting with the Woman's Auxiliary of the Clark County Medical Society on January 23 at the Springfield Country Club.

Mrs. H. Z. Dredge, president of the Dental Society Auxiliary, was the presiding officer for the 45 members of the Medical Auxiliary and 26 members of the Dental Auxiliary. Mrs. George Peters was general chairman with Mrs. John Baldwin and Mrs. D. D. Glendenin in charge of table decorations and hospitality. Miss Joyce Hurley, representative of the DuBarry Co., was the speaker for the afternoon and her subject was "Let's Be Beautiful."

Special guests were Mrs. V. R. Frederick, President of the Woman's Auxiliary to the Ohio State Medical Association, and Mrs. H. V. Gieringer, President of the Woman's Auxiliary of the Ohio State Dental Society.

COLUMBIANA

The Woman's Auxiliary to the Columbiana County Medical Society met for dinner at the Masonic Temple in Lisbon on January 22. Twenty members were present with Mrs. V. C. Hart, president, presiding for the business meeting.

The Auxiliary has been very active the past few weeks in its civic projects. The safety committee chairman announced that Mrs. V. C. Hart and Mrs. C. J. Lehwald were at Swartz Store in Salem on December 6 and 13 to distribute safety pamphlets and wallet-size health cards. The ladies also solicited blood donors for the Bloodmobile in Salem. Mrs. William Horger announced that over 300 cards had been distributed in East Liverpool. These folders will be available to Lisbon residents.

The East Liverpool members are sponsoring a Home Preparedness Group as part of the Civil Defense program.

It was voted to donate $300.00 to the A.M.E.F.

Mrs. Hart and Mrs. W. Banfield were appointed delegates to the convention in Cincinnati with Mrs. Horger as alternate.

Mrs. A. P. Falkenstein, program chairman, introduced Mrs. Wade Bacon, who gave a five-minute promotional talk on *Today's Health*. Mrs. Falkenstein then introduced Mrs. Guy Byers of Salem. Mrs. Byers is a well known veteran in the art of giving a book review. She reviewed *All I Want is Everything*, by Martin Mill Preminger. Mrs. Peter Cibula of Lisbon was hostess for the meeting. Members of the Eastern Star served the dinner.

CUYAHOGA

The Chrysanthemum Ball was a crowning success and netted $700.00 profit which will help AMEF, Nurse Recruitment and the Adolescent Project at Cleveland State Hospital. Chrysanthemums to all the Auxiliary women who worked on the project.

The Auxiliary has been asked again this year to perform at the annual meeting of the Academy in May. A call has gone out for members to try out for parts in a skit "The Mink Coated Pill."

Mrs. Fred Kelly, public relations chairman, served on the planning committee when the Institute on Inter-professional Planning for Disaster Relief held a cocktail party and dinner at the Hotel Carter on January 29. Mrs. James Kendrick, Civil Defense chairman and Mrs. Roscoe Kennedy, Auxiliary president, acted as hostesses.

Two years ago the Auxiliary's Stay at Home project netted AMEF $2000. Mrs. C. A. Colombi has now received requests for plans of the event from all over the country, and *Good Housekeeping* magazine printed the story in its February issue, in the section which they call "The Better Way."

ERIE

"Public Health in Our Community Today" was the program topic for the January meeting of the Woman's Auxiliary to the Erie County Medical Society. Miss Juanita Mathews, supervisor of Erie County public health department's nursing service was the speaker, and was introduced by Mrs. E. P. Gillette, Jr., program chairman. Miss Mathews described the humanitarian and professional variety of work involved in the daily routine of the department personnel.

Luncheon at the Business Women's Club preceded the afternoon meeting. Mrs. W. P. Skirball conducted the meeting and Mrs. C. R. Lavendar reported on the progress of the auxiliary's Essay contest.

HAMILTON

An interesting calendar of entertainment is being planned for the convention of the Woman's Auxiliary to the Ohio State Medical Association, April 14-17, by its Cincinnati hostesses. The

Hamilton County Auxiliary, through its convention co-chairmen, Mrs. Charles W. Hoyt and Mrs. Carl F. Schilling, has arranged a luncheon honoring the doctors on Tuesday, April 15, at which Marian Spellman, lovely blonde singing star of television, will entertain. A cocktail hour and luncheon on Wednesday, April 16, will be climaxed by a spring fashion show. A hospitality room will be open each day to provide a congenial social center for meeting friends.

At the Auxiliary's luncheon meeting on January 21, approximately 250 members and their guests heard Dr. Maurice Levine, professor of psychiatry at the University of Cincinnati College of Medicine, speak on "The Care and Feeding of Husbands, or Psychotherapy in Medical Wives Practice."

The Auxiliary heard the Rev. Lynn J. Radcliffe, pastor of the Hyde Park Community Methodist Church, speak on "Healing Ill Health from Within." His talk followed a luncheon at the Cincinnati Club at which the president, Mrs. Gaston B. Hannah, accorded grateful recognition to the group of physicians' wives who have organized and directed Future Nurse Clubs in 11 Greater Cincinnati high schools. Their efforts have been extended to include all related careers in health, and have stimulated the interest of more than 300 high school students this year.

The second in a series of orientation meetings for new members was held on January 29 at the home of Mrs. Roy L. Kile.

MAHONING

A talk by Dr. Leonard Lovshin of Cleveland Clinic staff marked the January meeting of the Woman's Auxiliary to the Mahoning County Medical Society at the Youngstown Club. In discussing his topic, "The Tired Mother Syndrome" the speaker described fatigue as the most common complaint of the modern mother and housewife, and illustrated his talk with slides and amusing cartoons. Mrs. Kenneth Hovanic, co-chairman of the program introduced Dr. Lovshin. Special guests were Mrs. Lovshin and Dr. Andrew A. Detesco, president of the Mahoning County Medical Society.

Mrs. Cary Peabody, president, presided and Mrs. Wayne Agey gave reports of medical legislation now pending in congress. Mrs. W. K. Allsop was lauded for her work as safety chairman and a motion was made to send a contribution of $300 to the American Medical Education Foundation.

Mrs. Peabody, Mrs. Earl Young, Mrs. Paul Mahar and Mrs. H. E. Hathhorn were announced as delegates to the State convention to be held in April in Cincinnati. Alternates will be Mrs. Asher Randell, Mrs. C. W. Stertzbach and Mrs. Craig Wales.

Fifty members were in attendance for the meeting. Flowers from the table were sent to Mrs. Wayne B. Hardin, program chairman for the evening, who at that time was a patient in South Side Hospital having suffered a broken leg in a recent skiing accident.

RICHLAND

Dr. Paul Carter was guest speaker when members of the Woman's Auxiliary to the Richland County Medical Society convened at the Mansfield Leland Hotel for luncheon on January 6.

Dr. Carter's topic concerned a Social Study of Mansfield and Richland County. Following the program, Mrs. Paul Lee, president, conducted the business meeting. Mrs. Carl Damron reported on Ways and Means. Total receipts were given for the sale of candy, tea towels, sales tax stamps and the Silent Auction held recently. Proceeds will be divided between the American Medical Education Foundation and Nurse Scholarship Fund.

Hostesses for the day were Mrs. Hall Wiedemer, Mrs. Charles Shafer, Mrs. Oscar Klein and Mrs. W. W. Peirce.

ROSS

"Stork Club," a class in prepared motherhood sponsored by the Woman's Auxiliary to the Ross County Academy was scheduled to begin a series of four lessons at the old hospital building. The announcement was made at the auxiliary meeting and dinner held on January 9 at the Lynne House. Mrs. Robert Swank presided at the meeting, Mrs. Edward Artman introduced Mr. Omen Oakes, city fireman who spoke on fire prevention.

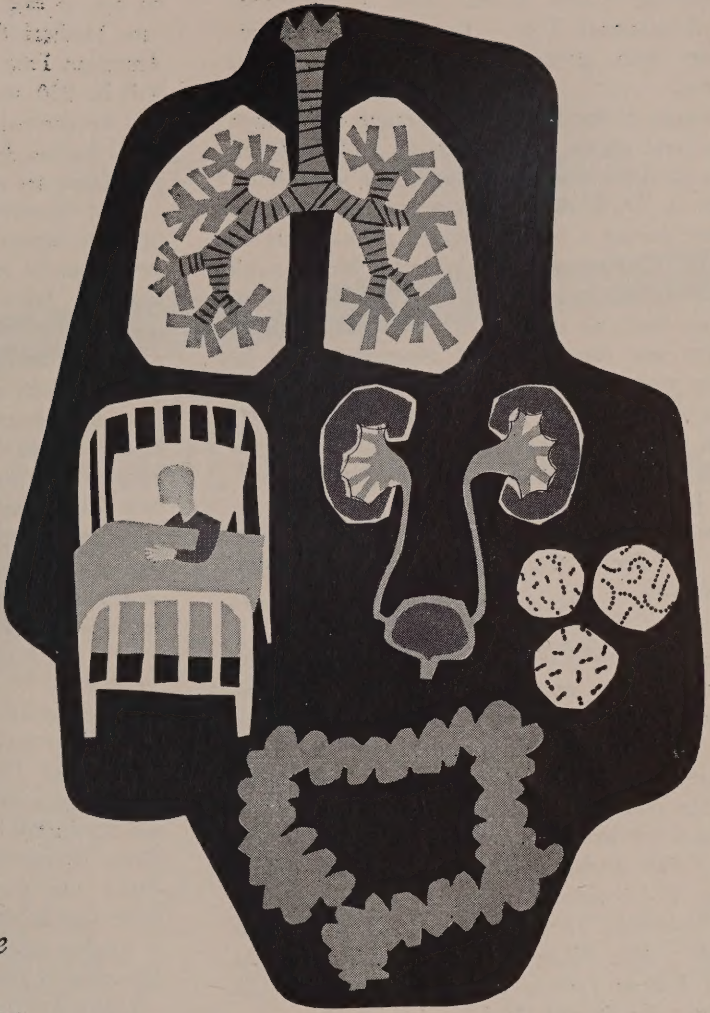
Mrs. H. M. Crumley reported that the Health Career Club would be held at the Chillicothe High School. A representative from Jewish Hospital in Cincinnati will be guest speaker. She will be accompanied by a Chillicothe girl now in training at the hospital.

Mrs. Robert Giesler reported that plans are being made for a radio program. Mrs. Artman reported on the new brochure devised for the Chillicothe Hospital. Mrs. David McKell was appointed chairman of the exceptional child program.

Mrs. John Franklin, Sr., presided at the Hospital Guild I meeting which followed.

SCIOTO

Mrs. David Heusinkveld of Cincinnati, district organizer of the League of Women Voters, showed slides taken during her visit in 1956 to Russia at a meeting of the Woman's Auxiliary to the



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Scioto County Medical Society held in the nurses dormitory of Mercy Hospital on January 15. Mrs. Heusinkveld toured Russia with a Sherwood-Eddy Educational Tour. The tour included interviews with government officials in several countries.

Members of the Portsmouth League of Women Voters were guests for the meeting. Mrs. Milton Levine presided at the table during the social hour.

Mrs. A. D. Bushman was welcomed as a new member during a business meeting conducted by Mrs. W. C. Hugenberg, president. Mrs. Joseph Gohmann, chairman of nurse recruitment, announced that the annual tea and tour of Mercy Hospital and the School of Nursing would be held to promote interest in nursing among freshman and sophomore girls of the area. Tickets for the spring style show were distributed to members by Mrs. Jack MacDonald and Mrs. Otto F. Apel, Jr.

Hostesses for the meeting were Mrs. Levine, Mrs. Sol Asch, Mrs. Ralph Lewis and Mrs. Jerome Rini.

SUMMIT

The Woman's Auxiliary to the Summit County Medical Society met for a luncheon meeting January 7 at the Fairlawn Country Club. Mrs. R. R. Pliskin, president, presided over the business meeting. She reminded everyone of the coming 11th Annual Health Days to be held March 7-8- and 10 in Akron at O'Neil's Auditorium. Mrs. J. W. Parks is chairman and Mrs. E. L. Mollin is co-chairman. Mrs. H. W. Allison, program chairman, introduced the speaker, Kenneth Nichols. Mr. Nichols is a columnist for the *Akron Beacon Journal* and the title of his talk was "But the Doctor Died."

On January 25 the Auxiliary co-sponsored a half-hour television program on WAKR Channel 49 in Akron. Mrs. F. A. Ruoff was chairman. The script "It Could Be You" was acted by the Players of the University of Akron. This was given in cooperation with the Poison Control Center at Children's Hospital in Akron.

STARK

Mrs. W. H. Schumaker was chairman for the dessert bridge of the Woman's Auxiliary to the Stark County Medical Society on January 21 at the Garden Center. Mrs. John Thomas served as co-chairman.

Mrs. Richard G. Spitzer presided at the business meeting. The Auxiliary voted to sponsor in the County High Schools the 12th annual essay contest which is a national project of the Association of American Physicians and Surgeons' Freedom Programs Inc. The top prize in the contest is $100. Part of a nationwide program, the contest will offer prizes for the three best essays written on one of two subjects: "The Advantages of Private Medical Care" or "The Advantages of the American Free Enterprise System." Second prize will be $50 and third $25. All three top essays will be entered in the national competition sponsored by the Association. Sons and daughters of physicians are not eligible to enter the contest.

Mrs. Howard Ickes is chairman of the local program which has been approved by the superintendents of the Canton and Stark County school systems. Fifty-two members of the Auxiliary are now visiting the 26 high schools to distribute information and posters about the contest. Canton Public Library is cooperating with the Auxiliary in providing resource material for the contestants. In the national contest a total of $2675 will be awarded for the best entries with $1000 for the first prize winning essay.

A white elephant auction for the benefit of the American Medical Education Fund was held preceding the meeting, with Mrs. Mark Herbst as auctioneer, and netted $90 for AMEF.

TRUMBULL

The regular monthly meeting of the Auxiliary to the Trumbull County Medical Society was held on January 16 at the Trumbull Country Club. Following a buffet luncheon, the business meeting was conducted by Mrs. Clyde W. Muter, president. Honorary members and special guests were introduced and welcomed. The announcement was made for the date of the annual Gardenia Ball.

Speaker for the afternoon was Mr. Robert H. Johnston, a former F. B. I. agent.

Hostesses for the afternoon were Mrs. P. J. Fusco and Mrs. E. J. Datesh.

TUSCARAWAS

Nineteen members of the Woman's Auxiliary to the Tuscarawas County Medical Society met for a luncheon at Hotel Reeves on January 9. Mrs. James Zeller was a guest.

Mrs. C. R. Crawley, president, presided over the business meeting during which Mrs. H. F. VanEpps of Dover thanked the members for their cooperation in the recent Yuletide Tour which met with great success. Special appreciation was expressed to Mrs. J. R. Martin of Dover who served as chairman of the ticket sales. Mrs. W. E. Hudson, project chairman, reported on the orthopedic clinic at Union hospital at which the auxiliary assists in checking in patients. An average of 60 patients a day is received at the clinic which is conducted twice a month.

A report on the American Medical Education

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DOXINATE® with DANTHRON (Doxan)

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Fund was given by Mrs. J. W. Calhoon of Uhrichsville who said that $450 has been contributed through individuals in the county. A check for $89.79 was turned over to this fund from sales tax refunds. Mrs. R. J. Foster, radio and visual chairman, reported that a program on pediatrics is being broadcast over WJER each Monday at 11:30 A. M.

Mrs. Hudson was chairman of the luncheon committee which included Mrs. Burrell Russell and Mrs. E. C. Davis.

The Nurses' Loan Fund of the Auxiliary was augmented substantially when more than one thousand persons made the Yuletide Tour arranged by the organization in December. The tour one of the most ambitious projects ever staged by the Auxiliary, took the patrons into five homes in the community where they were able to view a wide variety of decorations appropriate for all types of architecture and home decor. Along with the decorative ideas those making the tour were able to pick up gift and holiday food suggestions from the large displays through the courtesy of merchants and business concerns in the area.

Some New Instructions About Medicare Program

Ohio physicians will want to acquaint themselves with the following recent information concerning the Medicare Program, this information coming from both the Medicare headquarters in Washington and from Mutual of Omaha, fiscal agent for Medicare in Ohio.

Medicare headquarters at Washington recently issued the following directive concerning the Uniformed Services Identification and Privilege Card (DD Form 1173):

1. Instructions published by each of the Uniformed Services for the preparation and issuance of Identification Cards (DD Form 1173) vary in detail as to the method of indicating eligibility for medical care in Item 14 of the Form. The various methods prescribed are as follows:

a. The word "Yes" will be inserted preceding the word **Civilian** and/or **Uniformed Services.**

b. The word "Yes" will be inserted following the word **Authorized.**

c. The word "Yes" will be inserted without specifying location within Item 14.

(Continued on Next Page)

TAKE A LOOK AT
NEW DIMETANE
THE UNEXCELLED
ANTIHISTAMINE

d. The letter "X" indicating yes will be inserted without specifying location within Item 14.

2. All instructions provide that, if an individual is not eligible for civilian care, the word "Civilian" is to be blocked out.

3. Uniformed Services Identification and Privilege Cards that were issued to eligible spouses and children in accordance with any of the above methods and on which the word "Civilian" is not blocked out are acceptable for Medicare identification purposes. The same degree of caution, as previously expressed in paragraph 5 of ODMC Letter No. 23, wherein an identification card may erroneously reflect that a person other than an eligible spouse or child is entitled to civilian care, must be exercised irrespective of whether the word "Civilian" is blocked out on the DD Form 1173.

From Mutual of Omaha come the following corrections in the Ohio Physician's (Medicare) Fees and Procedure Guide:

A. Page 17, paragraph 5, Emergency Care: First sentence should read: "Inpatient care is authorized in acute emergencies of any nature which are a threat to the life, health, or well-being of the patient."

OMI Making Survey To See How Schedule Can Be Improved

Ohio Medical Indemnity, Inc., is making a survey among some 22,000 of its subscribers who have filed claims recently with OMI to ascertain the amount of the physician's charge.

This is being done to find out how close the indemnity payments of OMI are to the physician's charges in the average case, so upward revisions can be considered for those items found to be too far out of line.

B. Page 27, code 0266—each additional $\frac{1}{2}$ inch—$2.50.

C. Page 25, code 006, 007, 0010—all pertain to neo-natal care. Not more than two (2) visits are payable and these must be accomplished within the first 60 days.

Mutual of Omaha reports that for the calendar year 1957, its 12,454 medical claims in Ohio were processed for payment and that the total paid amounted to $943,604.07.

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Provides the following percentages of Minimum Daily Requirements per teaspoonful:

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Iron	400%	300%	300%

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l-Lysine HCl	300 mg.
Ferric Pyrophosphate (Soluble)	250 mg.
Iron (as Ferric Pyrophosphate)	30 mg.
Vitamin B_{12} Crystalline	25 mcgm.
Thiamine Mononitrate (B_1)	10 mg.
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Alcohol	0.75%

Average dosage is one teaspoonful daily. Available in bottles of 4 fl. oz.

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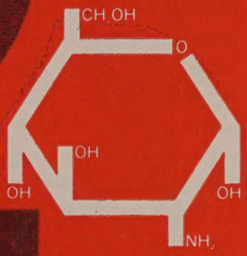

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The Sherman Act and the Practice of Medicine

Is the practice of medicine "trade or commerce," and, if so, is it trade or commerce of an interstate character so as to be amenable to the restrictions of the Sherman Anti-Trust Act? The answer to this question has been hinted at in a few court decisions. Now the United States Court of Appeals for the Eighth Circuit has faced the issue squarely and the conclusion reached is of considerable interest and importance to the entire medical profession.

Dr. Frank Riggall, a duly licensed physician and surgeon in Washington County, Arkansas, having been denied membership in the county society, sued that society and a number of its members for treble damages under the provisions of the Sherman act. He alleged, among other things, that in the course of his practice he received, accepted, treated, and administered to patients from Arkansas, Oklahoma, Kansas, Missouri, Texas, and other states, and that but for his denial of membership in the Washington County Medical Society he would have done so to many more patients. This, he alleged, would have been of great economic benefit and importance to him as well as to his patients, the public, and society in general. All of this he contended substantially affected trade and commerce between the state of Arkansas and other states and constituted a conspiracy to restrain interstate commerce.

The trial court held that it was without jurisdiction and dismissed the complaint without taking any evidence. The court of appeals first noted that the complaint was confined to the plaintiff's private medical practice and charged no economic burden on the public. There was no allegation that the rejection of the plaintiff's application for membership in the county society resulted in the raising or fixing of fees charged the public by other physicians. There was no allegation in the complaint remotely suggesting that the acts of the defendants cast any burden upon interstate commerce. The mere fact, said the court, that the plaintiff at his location in Arkansas may be treating patients from other states who must travel interstate does not result in his practicing his profession in interstate commerce. The practice of his profession, as disclosed by the allegations in his complaint, was neither trade nor commerce within section 1 of the Sherman Anti-Trust Act, nor were there any allegations in the complaint indicating that the actions of the defendants resulted in a monopoly within the provisions of section 2 of the Sherman act.

Finally, the court said that the plaintiff was not prevented from practicing his profession. His complaint, in substance, was that the practice of his profession would have been more profitable to him had he not been deprived of membership in the Washington County Medical Society. The court pointed out, however, that the Sherman act was not enacted primarily to protect the individual but to protect the general public economically, and a private party may not recover under the act unless there has been an injury to the general public economically.

On November 15, 1957, the court of appeals, therefore, held that, on the facts set forth in the plaintiff's complaint, the practice of medicine was not trade or commerce and that the defendants had not combined or conspired to monopolize trade or commerce among the several states. The trial court was therefore held to be without jurisdiction and the complaint was properly dismissed.

This decision would seem clearly to support the proposition that a medical society which, in good faith, denies membership to a local physician in private practice, even though that physician treats patients who come to him from other states, is not subject to the payment of damages in a civil suit under the Sherman Anti-Trust Act.—*Journal of American Medical Association,* Jan. 4, 1958.

Approve Location for New Ohio Rehabilitation Center

Location of the proposed new Ohio Rehabilitation Center on Ohio State University property, south of the Health Center, has had the approval of the Ohio State University Board of Trustees.

The new center, for which Ohio Legislative appropriations total $1,015,000, will be located adjacent to the east boundary of university property near Perry St. and north of Eighth Ave. extended.

Federal funds, which include Hill-Burton money and National Institute of Health grants for research facilities, bring the amount available for the new structure to about $1,250,000.

The rehabilitation program, which has been housed in the Health Center since its creation in October 1952, now occupies space in the Ohio Tuberculosis Hospital. The new center will not only permit increased service to severely disabled persons, but provide an expanded program of education and research in cooperation with the university.

A three-member board of control directs the rehabilitation program. Members are President Novice G. Fawcett of Ohio State University; Dr. Ralph E. Dwork, director of the Ohio Department of Health; and the public representative on the State Industrial Commission, J. Maynard Dickerson. Dr. Ralph E. Worden is the medical director.

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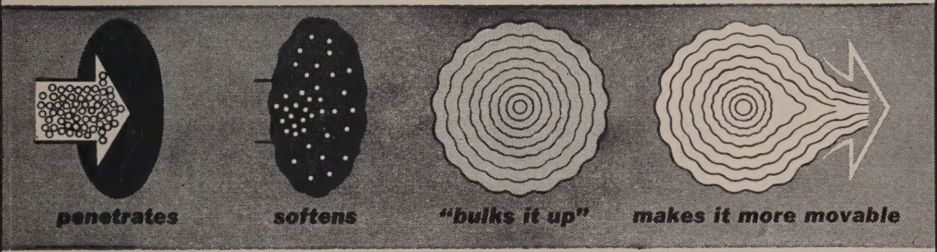

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salicylate benefits with
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Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

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Dosage: 1 tablet t.i.d. at mealtime. 2 tablets at bedtime. *Supplied:* Bottles of 100, 1,000.

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* J.A.M.A. *166*:158,1958; Welsh,A.L. and Ede,M. "...*prompt remissions of ... acute phases.*" with TARCORTIN

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*

1. Clyman, S. G.: Postgrad. Med. *21*:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey *53*:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. *3*:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. *50*:837, 1954.
5. Bleiberg, J.: Am. Practitioner *8*:1404, 1957.

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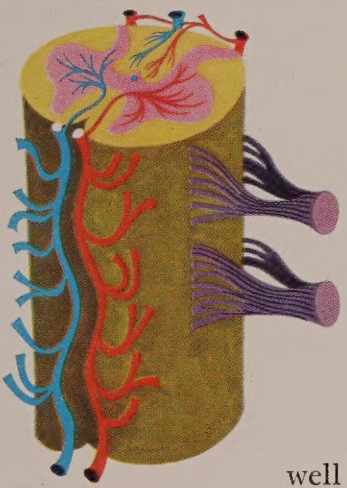

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Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets. *Usual dosage:* One or two 400 mg. tablets t.i.d.

For anxiety, tension and muscle spasm in everyday practice.

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**Belafsky, H. A.,*
Breslow, S.
and Shangold, J. E.:
Meprobamate in pregnancy.
Obst. & Gynec.
9*:703, June 1957.*

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ORAL (tablet swallowed whole)
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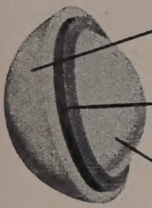

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For continuing prophylaxis patient swallows the entire Dilcoron tablet.

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Cobalt	0.1 mg.	Potassium	2 mg.
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Vitamin A	5,000 I.U.	Choline Bitartrate	40 mg.
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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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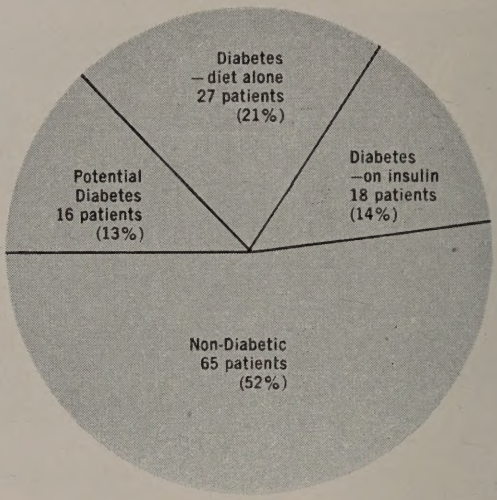
DIABETES FOLLOWING TRANSIENT GLYCOSURIA*



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Ultimate diagnosis on 126 patients with a previous transient mild glycosuria. Twenty diabetics were discovered 5-10 years after a recorded glycosuria—10 diabetics after more than 10 years.*

*Murphy, R.: Connecticut M. J. *21*:306, 1957.

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Arist

1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. *165*:1821, (Dec. 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

The Achievement in Respiratory Allergies: "Good to excellent" results in 29 of 30 patients with chronic intractable bronchial asthma at an average daily dosage of only 7 mg.[6]... Average dosage of 6 mg. daily to control asthma and 2 to 6 mg. to control allergic rhinitis in a group of 42 patients, with an actual reduction of blood pressure in 12 of these.[7]

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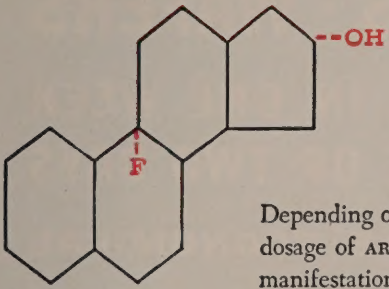

Depending on the acuteness and severity of the disease under therapy, the initial dosage of ARISTOCORT is usually from 8 to 20 mg. daily. When acute manifestations have subsided, maintenance dosage is arrived at gradually, usually by reducing the total daily dosage 2 mg. every 3 days until the smallest dosage has been reached which will suppress symptoms.

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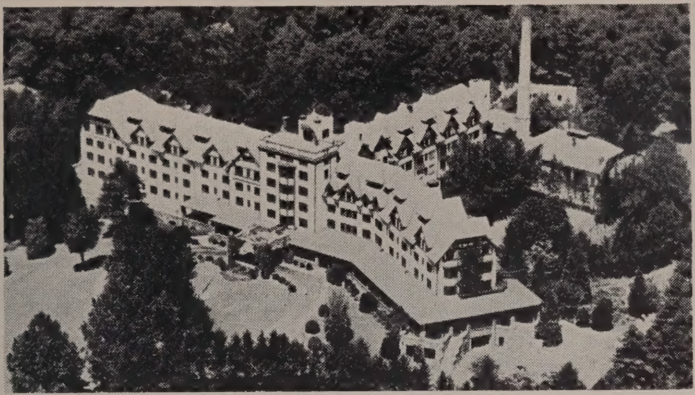

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in spastic and irritable colon

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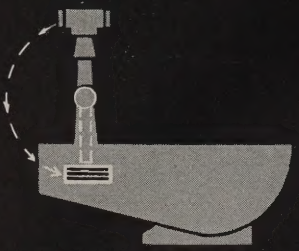

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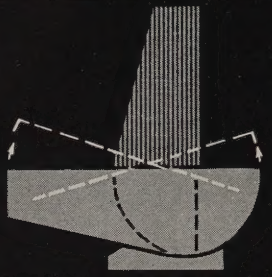

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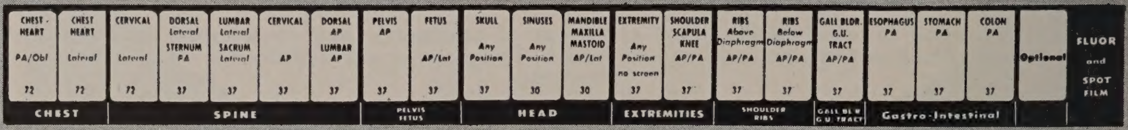

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72	72	72	37	37	37	37	37	37	37	30	30	37
CHEST		SPINE					PELVIS FETUS		HEAD			EXTREMITIES

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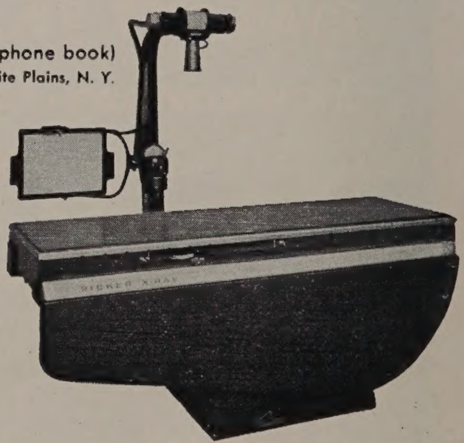

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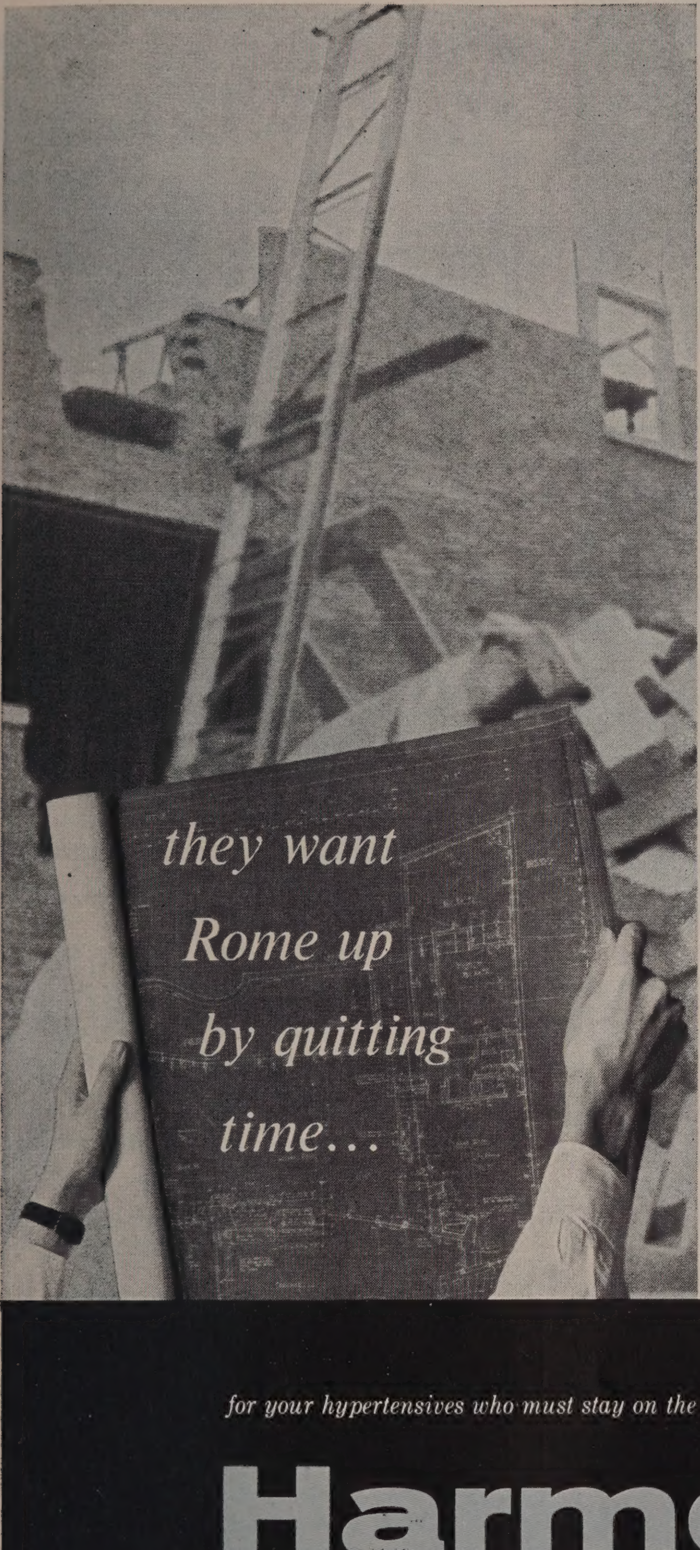

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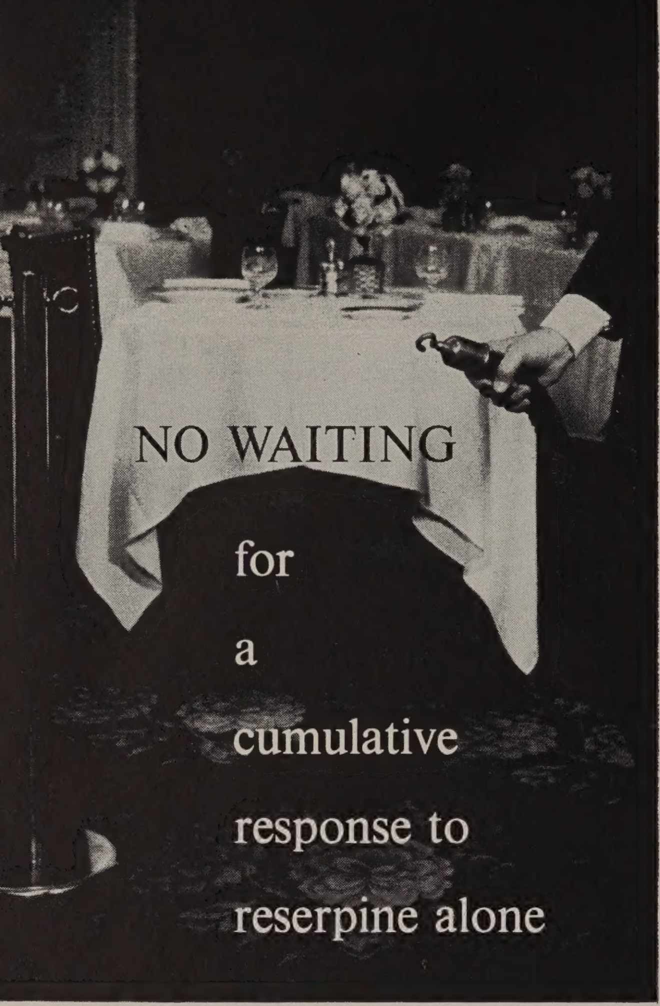

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GYNECOLOGY & OBSTETRICS—Office & Operative Gynecology, two weeks, Apr. 14. Vaginal Approach to Pelvic Surgery, one week, Apr. 28. General & Surgical Obstetrics, two weeks, May 5.

MEDICINE—General Review Course, two weeks, May 12. Electrocardiography, one week advanced course, June 16. Hematology, one week, June 2.

PEDIATRICS—Two-week intensive course, Apr. 21.

DERMATOLOGY—Clinical & Didactic Course, two weeks, May 5.

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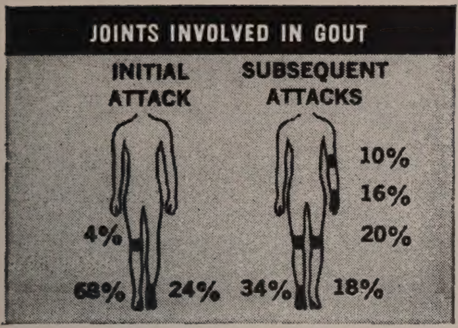
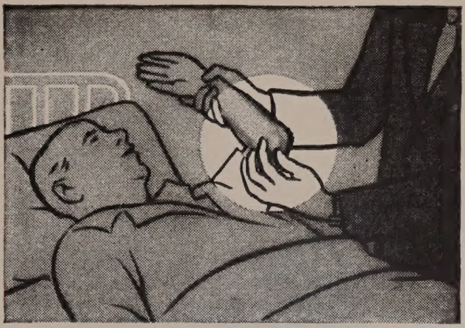
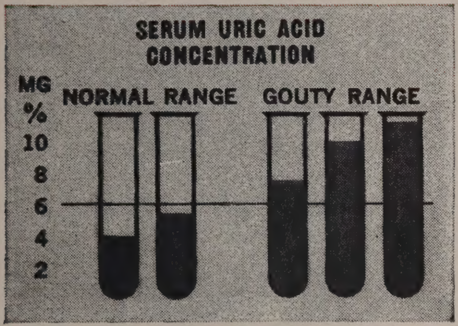


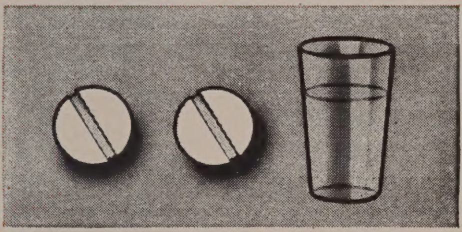
1. Recurrent joint pain followed by long periods of complete remission. *(Percentages refer to incidence.)*



2. Enlargement of bursae such as in this case involving the olecranon bursa.



3. Elevated serum uric acid levels.



4. Colchicine test: full dose (0.5 mg.) every 1 to 2 hours until pain is relieved or nausea, vomiting or diarrhea occur. The test requires usually 8 to 16 doses. Pain relief is highly indicative of gout.

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With type as well as amount of fat in the human diet now assuming such importance, the new role of corn oil as a source of unsaturated fatty acids has prompted these questions:

1 What is the role of unsaturated fats in the daily diet?

answer: There is now ample clinical evidence that unsaturated fats tend to lower the serum cholesterol level of human subjects, whereas saturated fats have the opposite effect.

2 How much of the important unsaturated fatty acids does corn oil provide?

answer: MAZOLA Corn Oil yields an average of 85 per cent unsaturated fatty acids. 100 grams of MAZOLA will yield: 53 grams of linoleic acid and 28 grams of oleic acid; it also provides 1.5 grams of sitosterols, and only 12 grams of saturated fatty acids.

3 What is the best way to provide unsaturated fatty acids?

answer: By balancing the types of fat in the daily diet. Many doctors now agree that from one third to one half of the total fat intake should be in the form of a vegetable oil such as corn oil (MAZOLA).

4 How is corn oil most easily taken in the usual daily diet?

answer: There is no need to disturb the daily routine of meals or to have separate diets for individual members of the family. MAZOLA Corn Oil can be used instead of solid fats in preparing and cooking foods, it is also ideal for salad dressings.

5 How can I obtain further information on the value of corn oil as a source of unsaturated fatty acids?

answer: The subject is reviewed in the book "Vegetable Oils in Nutrition." Also available is a recipe book for distribution to your patients. It tells how to use corn oil in everyday meals. Both books will be sent free of charge to physicians, on request.

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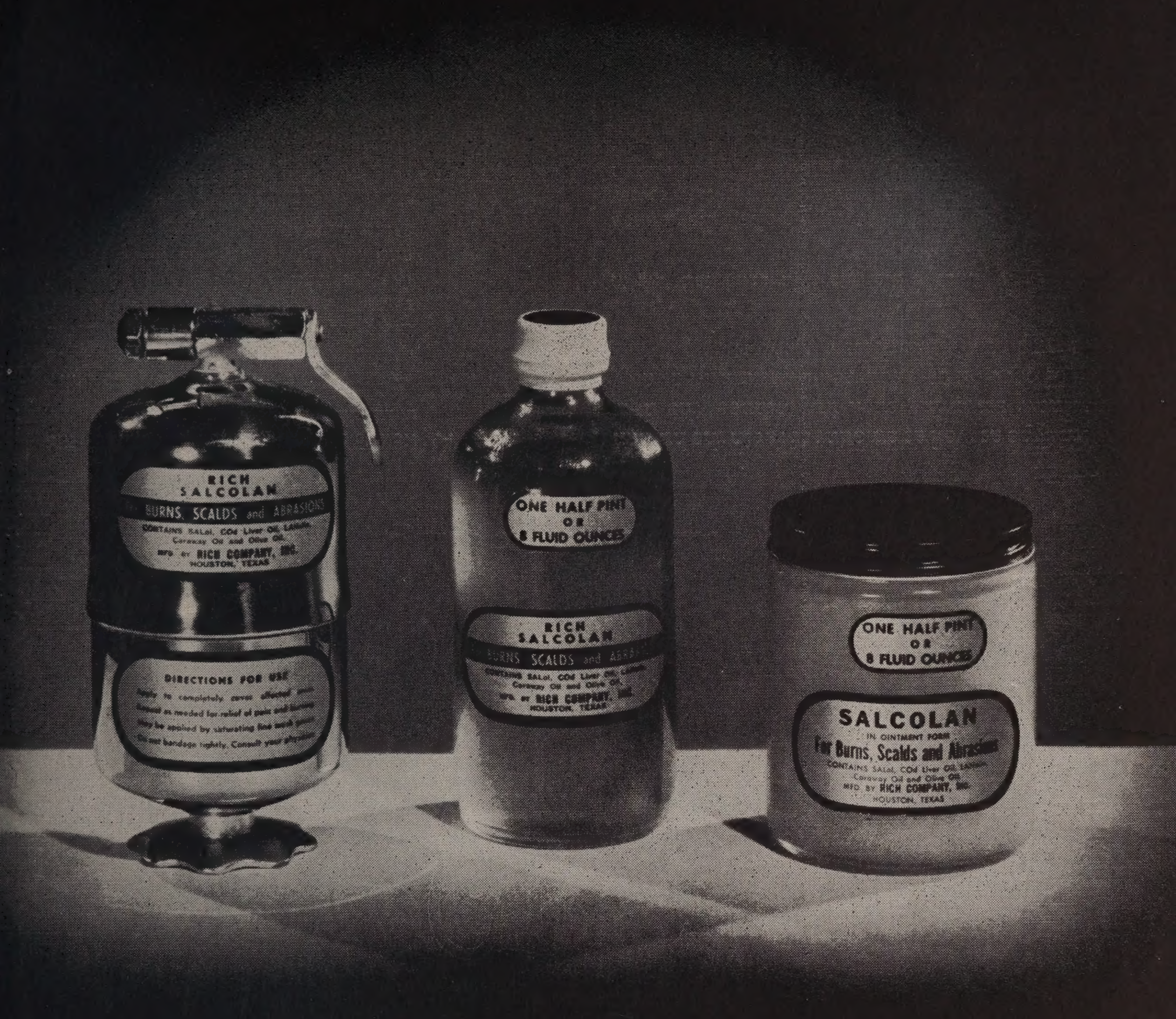
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COMING MEETINGS

1958 Annual Meeting, Ohio State Medical Association, Cincinnati, April 15-17.

American Medical Association, Annual Session, San Francisco, June 23-27.

American College of Surgeons, Course in Fractures and Other Trauma, Chicago, April 16-19.

Amercan Trudeau Society, 53rd Annual Meeting, Philadelphia, Pa., May 19-22; concurrent with meetings of the National Tuberculosis Association.

Fifth International Congress of Internal Medicine, Philadelphia, Pa., April 24-26.

1958 Industrial Health Conference, Atlantic City, N. J., April 19-25.

Medical Education Week, April 20-26.

Northern Tri-State Medical Association, Annual Meeting, May 8, South Bend, Ind.

Ohio Academy of History of Medicine, Taft Museum, Cincinnati, April 26.

Ohio State Heart Association, 1958 Annual Meeting, April 14, Cincinnati.

Pan American Medical Women's Alliance, Sixth Biennial Congress, Hotel McAllister, Miami, Fla., April 14-17.

Veterans Administration Clinical Conferences, Weekly on Wednesdays, 8:00 to 9:00 a. m., Cuyahoga Bldg., Cleveland.

Western Reserve University's Law-Medicine Center, two-day institute entitled, "The Mind: A Law-Medicine Problem," April 25-26.

West Virginia State Medical Association, Annual Meeting, White Sulphur Springs, W. Va., August 21-23.

Phi Lambda Kappa Award To Dr. Albert Sabin

For his work in virus diseases, particularly in the field of polio, Dr. Albert B. Sabin, professor of research pediatrics at the University of Cincinnati College of Medicine, has been given the Grand Scientific Award of Phi Lambda Kappa, national medical professional fraternity. The award is given annually to an outstanding Jewish physician who has made a significant contribution to medical science.

Dr. John Robboy, Cleveland, receives the fraternity's Service Award for giving the most help in promoting medical books for Israel.

Newly elected officers of the fraternity for 1958 include Dr. Max Omerantz and Dr. Robert Rosner of Cleveland, regional vice-presidents, and Dr. I. Z. Sibler and Dr. Carl Snyder of Cleveland, trustees.

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Rates: 50 cents per line. Minimum charge of $1.00 for each insertion. Prices cover the cost of remailing answers. Forms close 15th of the month preceding publication. To assure prompt delivery, when replying to an advertisement over a *Journal* box number, address letters as follows: Box (insert number), c/o The Ohio State Medical Journal, 79 East State St., Columbus 15, Ohio.

Physicians seeking locations in Ohio are invited to contact the Physicians' Placement Service in the executive offices of the Ohio State Medical Association, 79 E. State St., Columbus 15. Through this medium efforts are made to establish communications between physicians seeking locations and communities where physicians are needed, or other physicians who are in need of associates.

LOCUM TENENS-RADIOLOGIST wanted for month now and August. Hospital practice. Resort area on Lake Erie. Hunting, fishing, boating, with adequate time to enjoy it. Box 964, c/o Ohio State Medical Journal.

GENERAL SURGEON, Experienced, Ohio licensed, Board Qualified, desires private practice location. Box 273, c/o Ohio State Medical Journal.

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WANTED: Staff Physician for eight hundred bed mental hospital. Exceptional opportunity for right man. Experience in psychiary desirable but not essential. Only American citizens from Class A medical schools need apply. For detailed information write: Dr. M. P. Smith, Superintendent, Tiffin State Hospital, Tiffin, Ohio.

DOCTOR'S OFFICE FOR RENT: Vacated due to death. A perfect setting for general practice. This 5-room office is fully equipped; heat furnished; elevator service; private parking. Located in physicians' building. May be rented with or without equipment. City pop. 45,000; excellent hospital facilities. Medical laboratory in building. For information call: Jesse J. Hedges, West Village Dr., Newark, Ohio; Phone DIamond 4-4940.

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Bunts Institute in Cleveland Will Present Pathology Course

The Frank E. Bunts Educational Institute affiliated with the Cleveland Clinic is offering a two-day course in Clinical Pathology. The course is open to all physicians, but is directed primarily to the interest and needs of pathologists. In addition the sponsoring group hopes that Ph. D. bacteriologists, chemists, and other qualified personnel will be interested in attending the program. The course will be given under the sponsorship of the Cleveland Society of Pathologists.

The course will be held May 15 and 16 on the fourth floor of the North Clinic Building located at Euclid Avenue and E. 93 Street. Those interested may obtain further information by writing to: Educational Secretary, The Frank E. Bunts Educational Institute, 2020 E. 93 Street, Cleveland 6, Ohio.

The course in Clinical Chemistry held in November 1957 will also be repeated in the fall of 1958.

MEDICAL AND DENTAL OFFICES available in a new ten-unit all airconditioned medical building. Contact A. W. Brownstone, M. D., Painesville, Ohio.

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WANTED: General Practitioner to enter partnership in established practice in small town in central Ohio. Fine office, good community in which to work. Hospital facilities available. Box 976, c/o Ohio State Medical Journal.

OBSTETRICIAN-GYNECOLOGIST. Board qualified. Assistant leading to partnership with an established Obstetrician-Gynecologist specialist in private practice located in an Ohio city with medical school. Box 977, c/o Ohio State Medical Journal.

Central Ohio Heart Group To Present Program

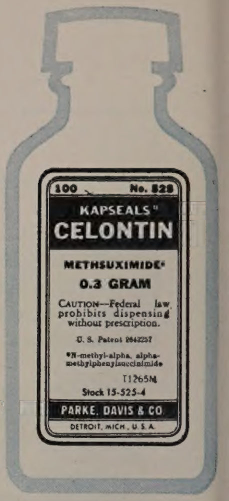
"The Hepatic Circulation in Disease" will be the topic of Dr. Jack D. Myers, chairman and director of medicine at the University of Pennsylvania School of Medicine, when he addresses the Scientific Council of the Central Ohio Heart Association, Wednesday, March 12. The all-day meeting will be held in Room M-100, Starling-Loving Hospital, Ohio State University, Columbus.

Opening the meeting at 10 a. m. will be a panel discussion of "Sclerosis of the Liver," moderated by Dr. Robert Zollinger. Panel members will include Dr. C. Joseph Delor, Dr. Sidney Nelson, Dr. B. H. K. Wiseman, all of Columbus, and Dr. Myers.

Following a noon luncheon at Jai Lai Restaurant, Dr. Myers will present his main address at 2 p. m. A clinicopathological conference from 3 to 4 p. m. with Dr. Myers and Dr. Emmerich von Haam presiding will complete the session.

The meeting is open to all Central Ohio physicians.

SPECIFICALLY
for petit mal
and psychomotor seizures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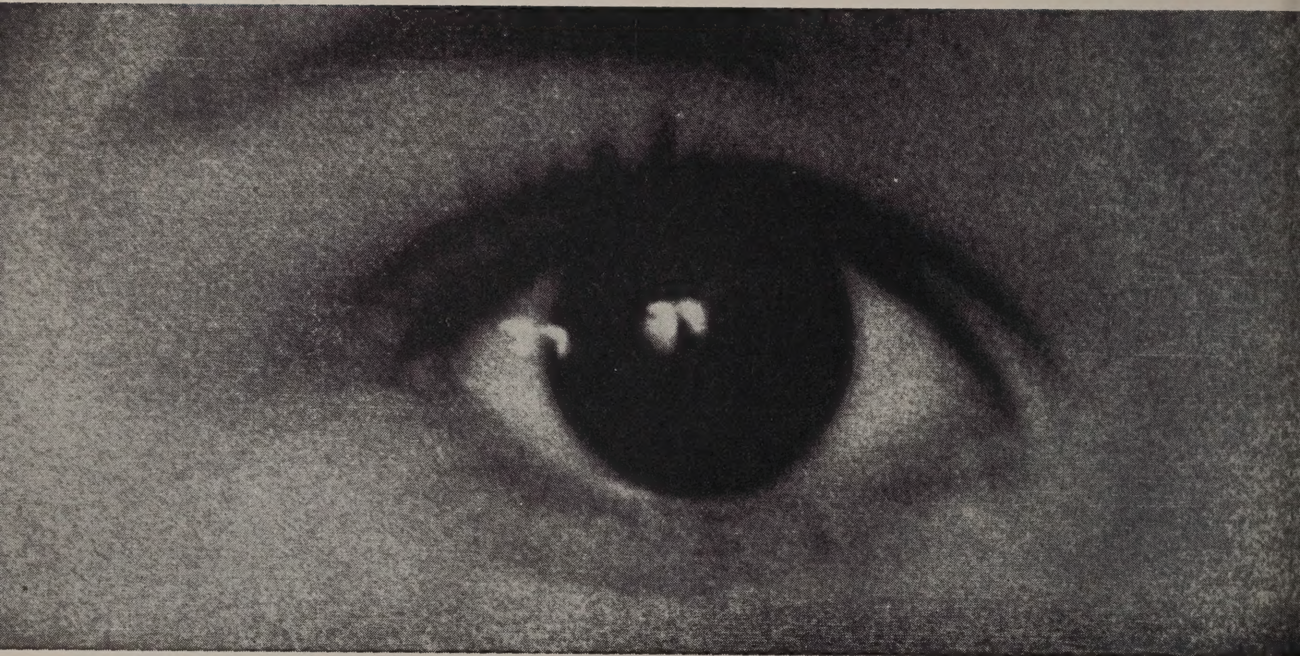

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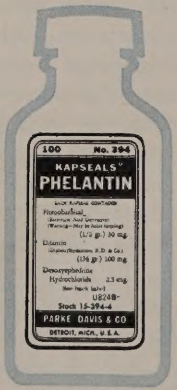
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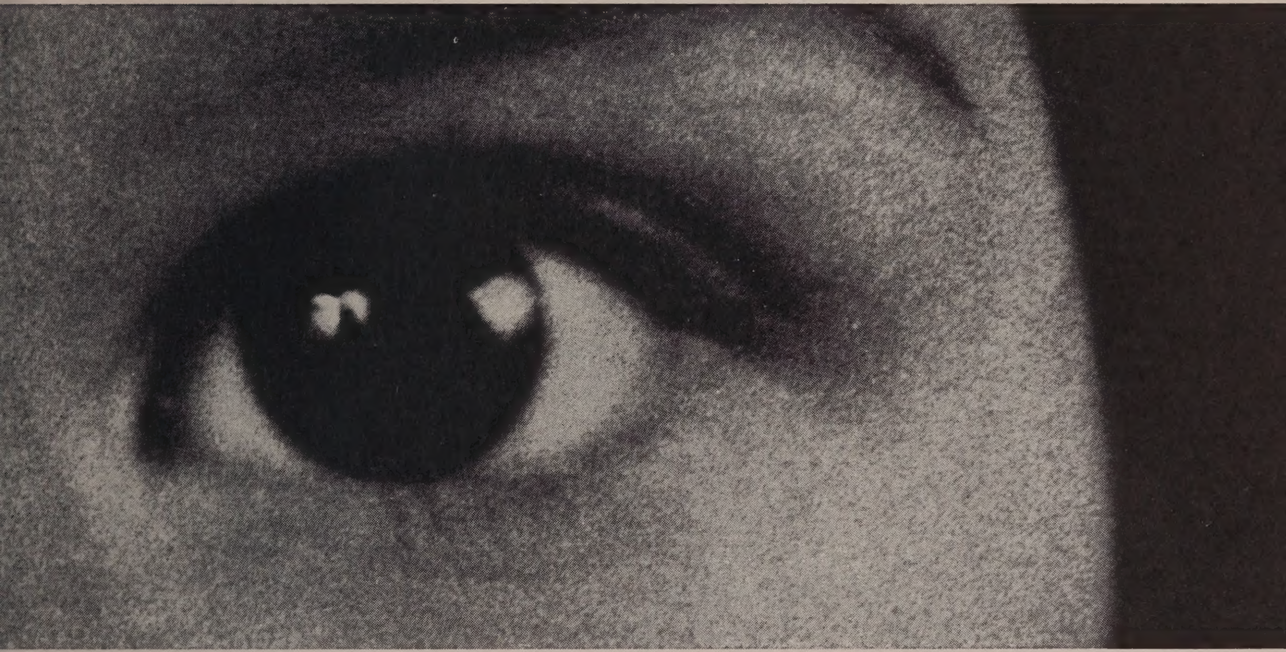
1. Zimmerman, F. T., and Burgemeister, B.: *Arch. Neurol. & Psychiat.* 72:720, 1954.
2. Zimmerman, F. T., and Burgemeister, B.: J.A.M.A. 157:1194, 1955.
3. Zimmerman, F. T.: *Arch. Neurol. & Psychiat.* 76:65, 1956.



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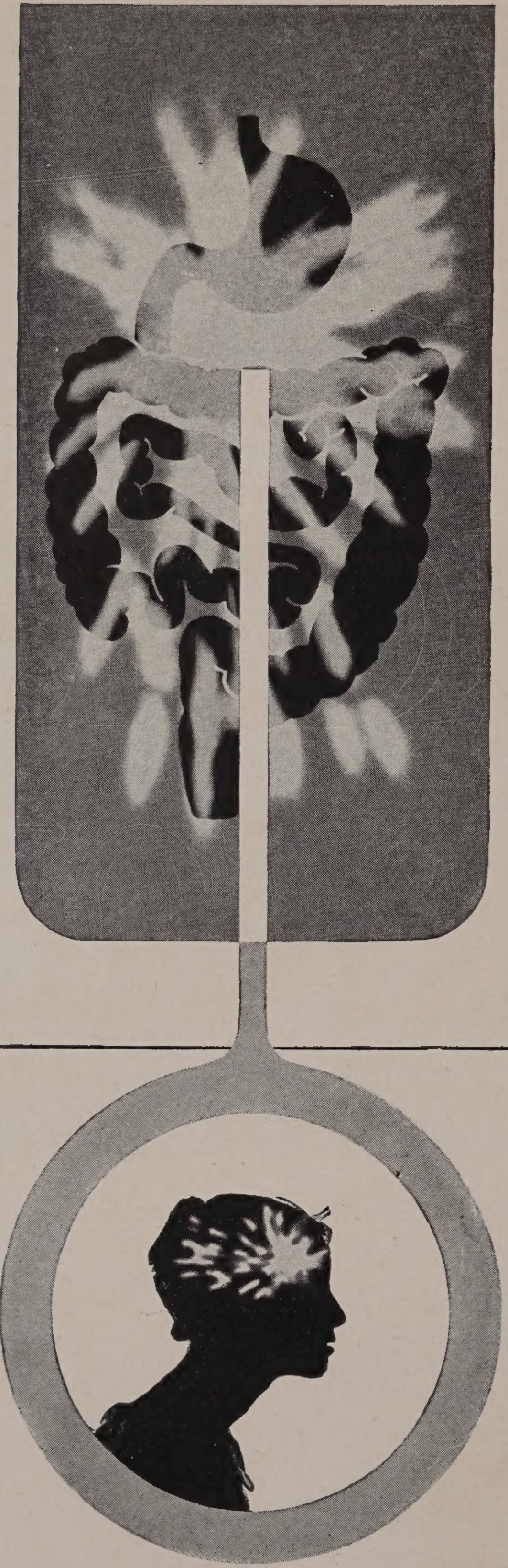

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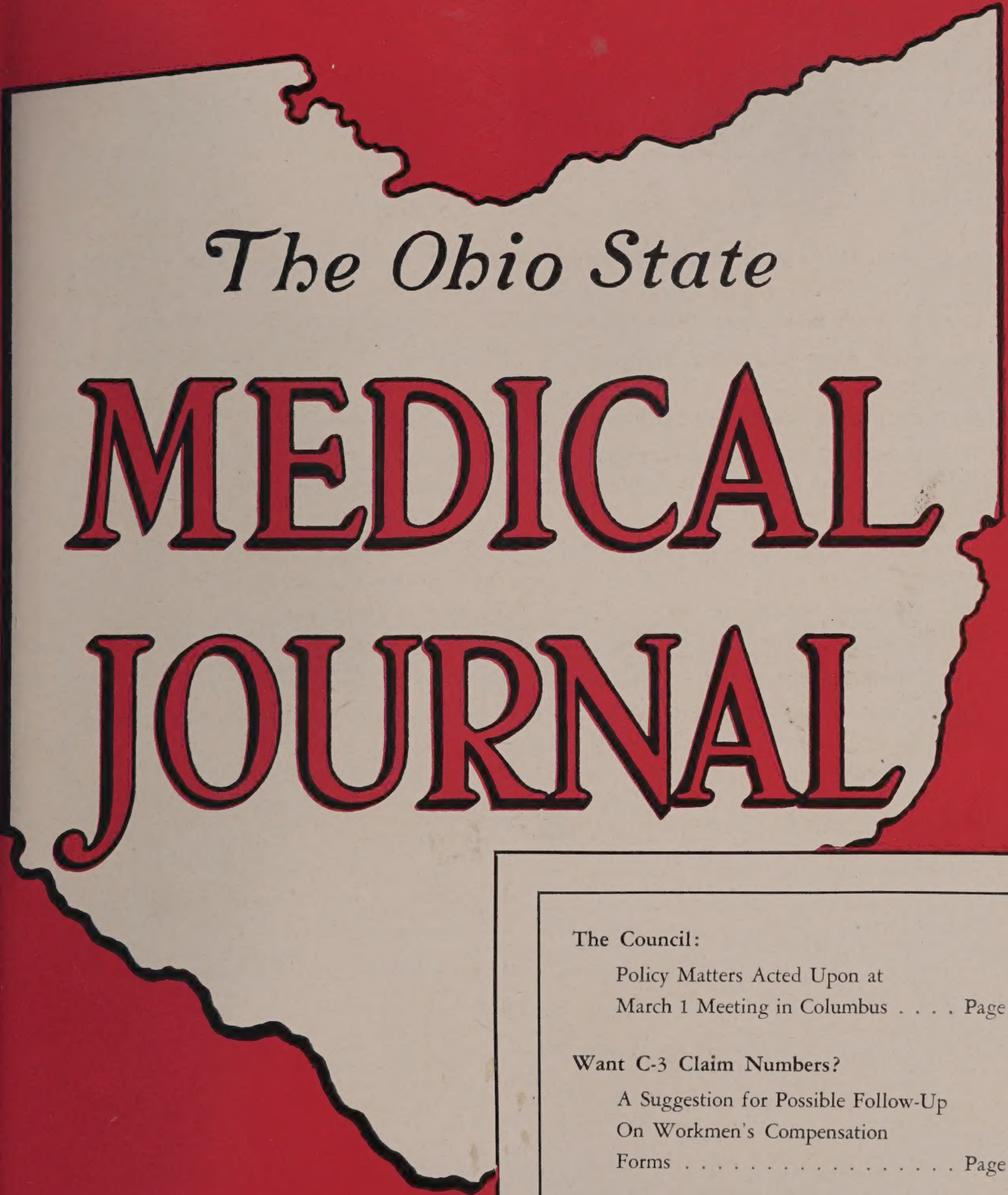

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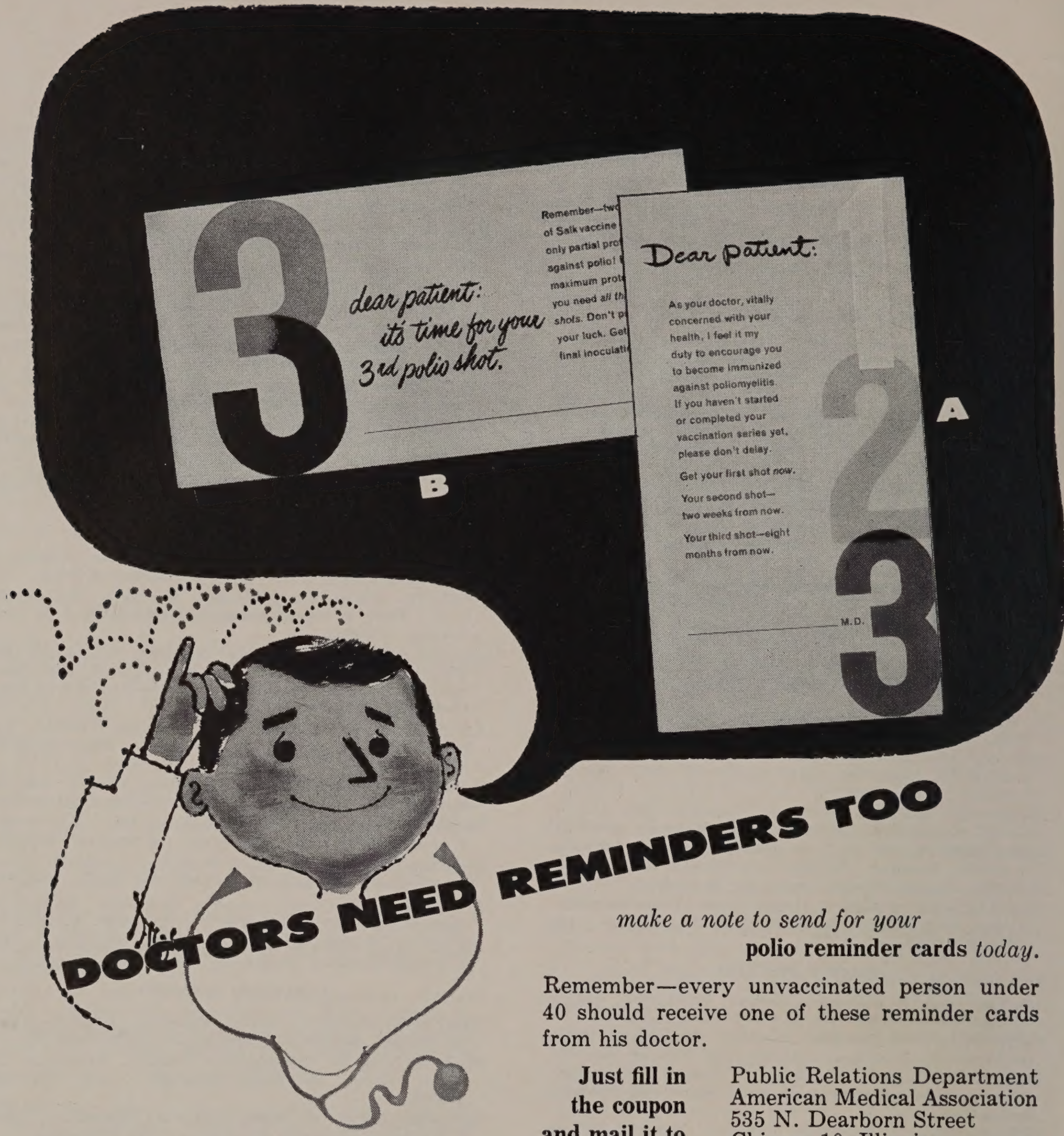

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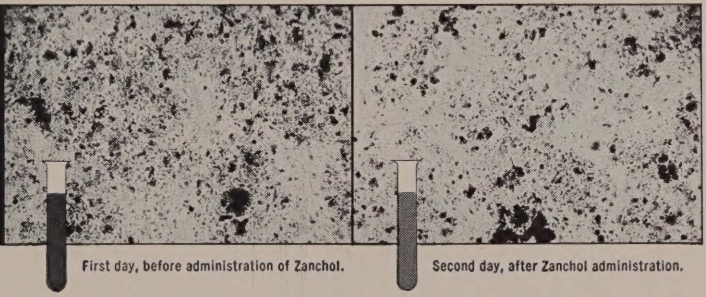
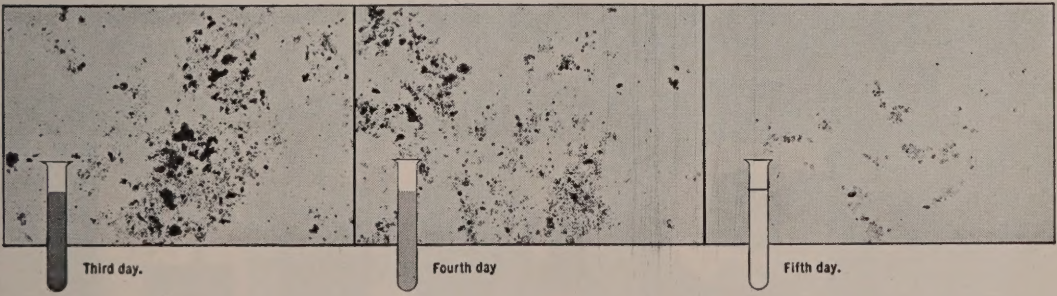
photomicrographs[1]
showing daily changes in sediment from centrifuged bile taken from T-tube drainage in a postcholecystectomized patient.



First day, before administration of Zanchol.

Second day, after Zanchol administration.



Third day.

Fourth day

Fifth day.

SEARLE

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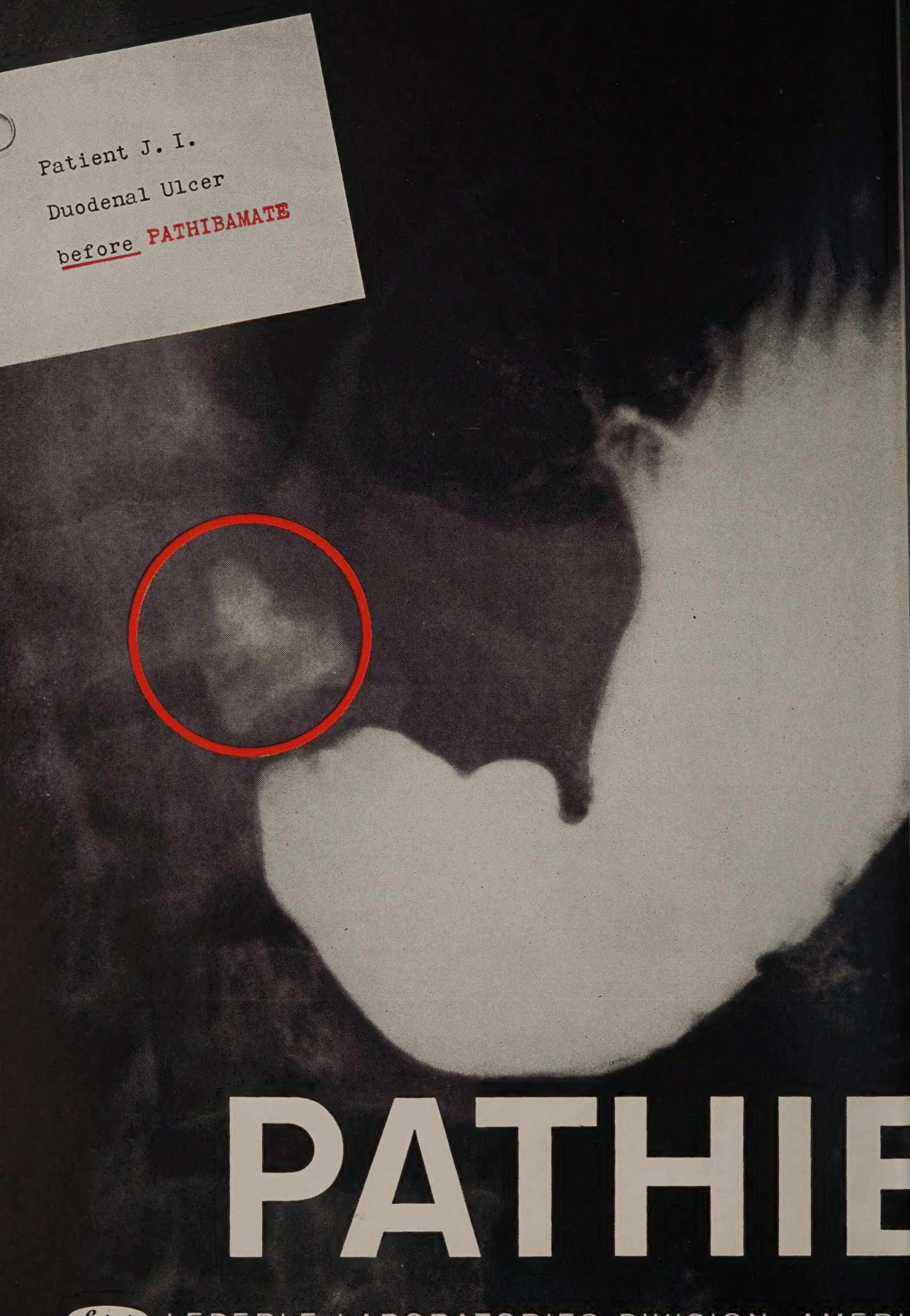
[1] McGowan, J. M.: Clinical Significance of Changes in Common Duct Bile Resulting from a New Synthetic Choleretic, Surg., Gynec. & Obst. *103:*163 (Aug.) 1956.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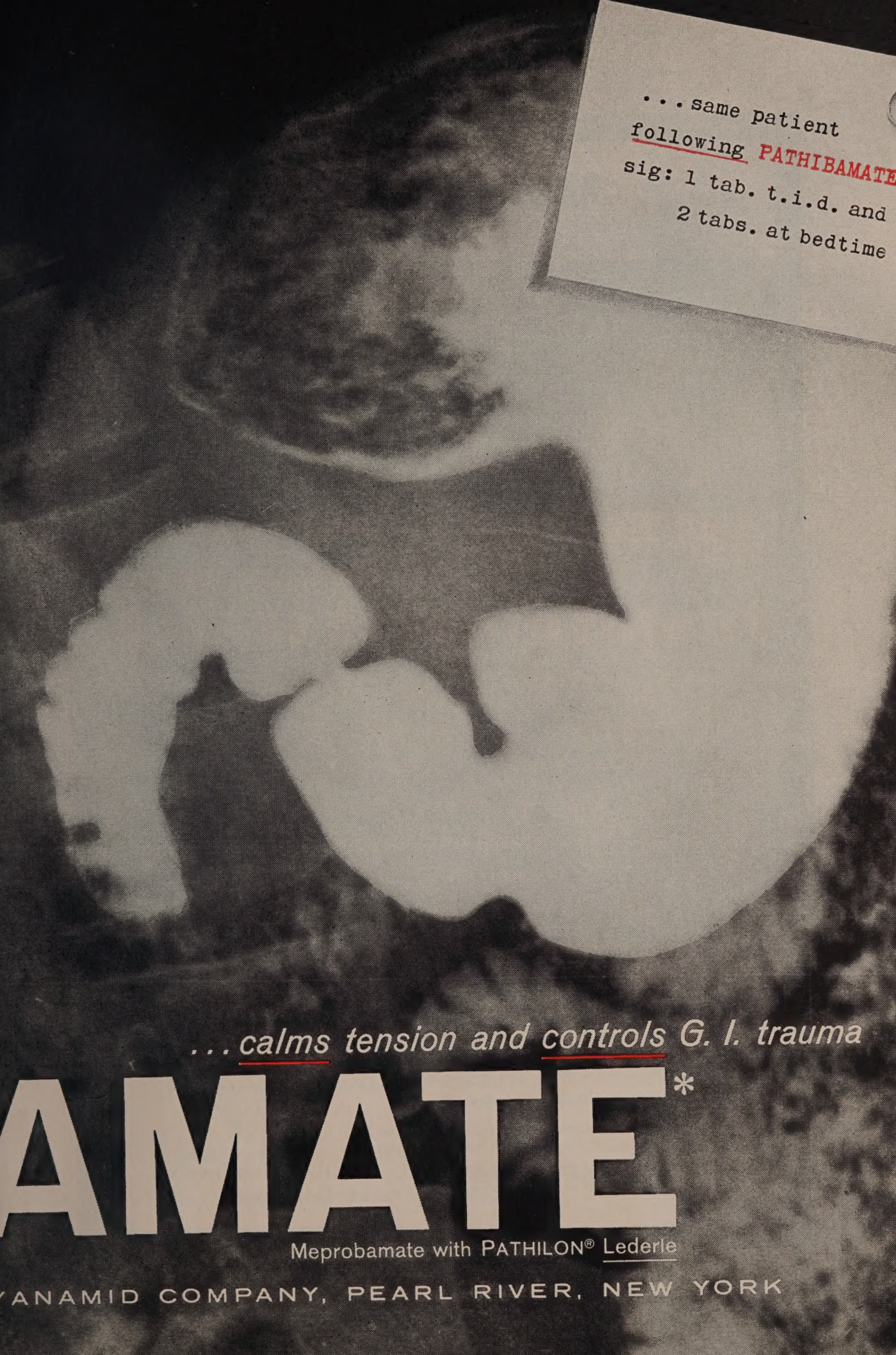
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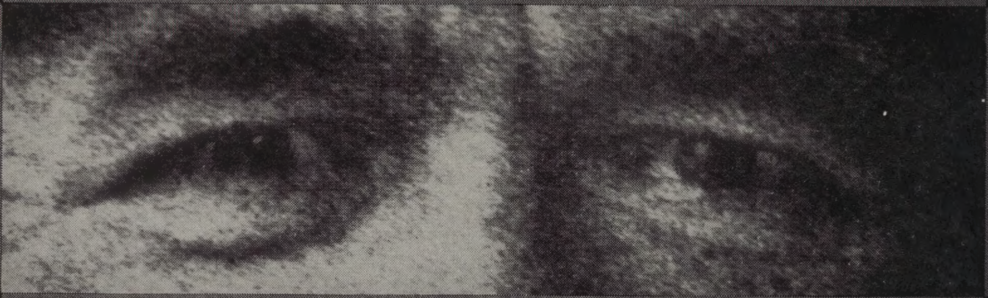

what are the 7 "dont's" of office psychotherapy?

(1) Don't argue—let patient "talk out" his troubles. (2) Don't counsel—help him solve his own problems. (3) Don't be hostile—allow patient to express hostility without reciprocating. (4) Don't be unsure—stress significance of normal or abnormal physical findings in relation to symptoms. (5) Don't be too reassuring—overoptimism may suggest you take the symptoms too lightly. (6) Don't approve or censure. (7) Don't be too credulous—patients' words may conceal hidden meanings.

Source—Hyman, M.: Some Aspects of Psychiatry in General Practice, GP *16*:83 (Oct.) 1957.

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*Bauer, H. G.; Seegers, W.; Krawzoff, M., and McGavack, T. H.: A Clinical Evaluation of Ectylurea (NOSTYN®), in press.

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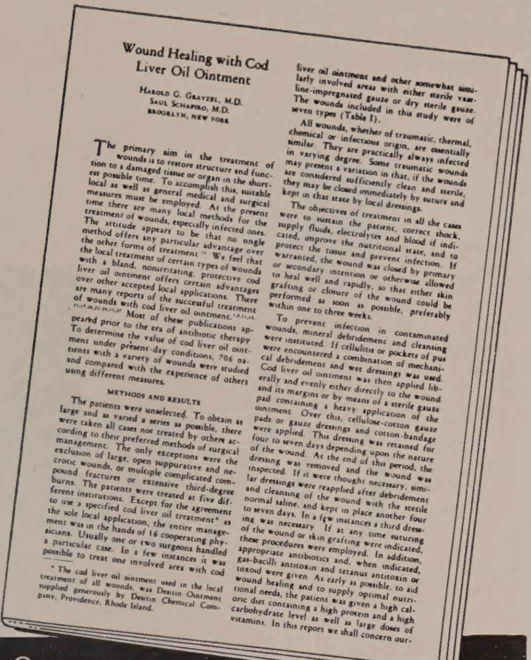

Wound Healing with Cod Liver Oil Ointment

Harold G. Grayzel, M.D.
Saul Schapiro, M.D.
Brooklyn, New York

The primary aim in the treatment of wounds is to restore structure and function to a damaged tissue or organ in the shortest possible time. To accomplish this, suitable local as well as general medical and surgical measures must be employed. At the present time there are many local methods for the treatment of wounds, especially infected ones. The attitude appears to be that no single method offers any particular advantage over the other forms of treatment.[11] We feel that the local treatment of certain types of wounds with a bland, nonirritating, protective cod liver oil ointment offers certain advantages over other accepted local applications. There are many reports of the successful treatment of wounds with cod liver oil ointment.[illegible] Most of these publications appeared prior to the era of antibiotic therapy. To determine the value of cod liver oil ointment under present-day conditions, 706 patients with a variety of wounds were studied and compared with the experience of others using different measures.

METHODS AND RESULTS

The patients were unselected. To obtain as large and as varied a series as possible, there were taken all cases not treated by others according to their preferred methods of surgical management. The only exceptions were the exclusion of large, open suppurative and necrotic wounds, or multiple complicated compound fractures or extensive third-degree burns. The patients were treated at five different institutions. Except for the agreement to use a specified cod liver oil treatment* as the sole local application, the entire management was in the hands of 16 cooperating physicians. Usually one or two surgeons handled a particular case. In a few instances it was possible to treat one involved area with cod liver oil ointment and other somewhat similarly involved areas with either sterile vaseline-impregnated gauze or dry sterile gauze. The wounds included in this study were of seven types (Table I).

All wounds, whether of traumatic, thermal, chemical or infectious origin, are essentially similar. They are practically always infected in varying degree. Some traumatic wounds may present a variation in that, if the wounds are considered sufficiently clean and sterile, they may be closed immediately by suture and kept in that state by local dressings.

The objectives of treatment in all the cases were to sustain the patient, correct shock, supply fluids, electrolytes and blood if indicated, improve the nutritional state, and to protect the tissue and prevent infection. If warranted, the wound was closed by primary or secondary intention or otherwise allowed to heal well and rapidly, so that either skin grafting or closure of the wound could be performed as soon as possible, preferably within one to three weeks.

To prevent infection in contaminated wounds, mineral debridement and cleansing were instituted. If cellulitis or pockets of pus were encountered a combination of mechanical debridement and wet dressings was used. Cod liver oil ointment was then applied liberally and evenly either directly to the wound and its margins or by means of a sterile gauze pad containing a heavy application of the ointment. Over this, cellulose-cotton gauze pads or gauze dressings and cotton-bandage were applied. This dressing was retained for four to seven days depending upon the nature of the wound. At the end of this period, the dressing was removed and the wound was inspected. If it were thought necessary, similar dressings were reapplied after debridement and cleansing of the wound with the sterile normal saline, and kept in place another four to seven days. In a few instances a third dressing was necessary. If at any time suturing of the wound or skin grafting were indicated, these procedures were employed. In addition, appropriate antibiotics and, when indicated, gas-bacilli antitoxin and tetanus antitoxin or toxoid were given. As early as possible, to aid wound healing and to supply optimal nutritional needs, the patient was given a high caloric diet containing a high protein and a high carbohydrate level as well as large doses of vitamins. In this report we shall concern our-

---

* The cod liver oil ointment used in the local treatment of all wounds, was Desitin Ointment supplied generously by Desitin Chemical Company, Providence, Rhode Island.

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in
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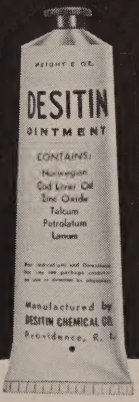
- **burns (first, second, third degree)**
- **abdominal fistulae and wounds**
- **pressure sores and ulcers**
- **pilonidal cysts and sinuses**
- **ano-rectal wounds • chest wounds**



This confirms previous findings regarding the efficacy of soothing, protective, non-irritant Desitin Ointment—rich in cod liver oil—to accelerate healing in many other skin conditions . . . diaper rash, ulcers (decubitus, varicose, diabetic), etc.

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1. Grayzel, H. G., and Schapiro, S.: Western J. Surgery, Obstet. & Gyn., Oct. 1956.

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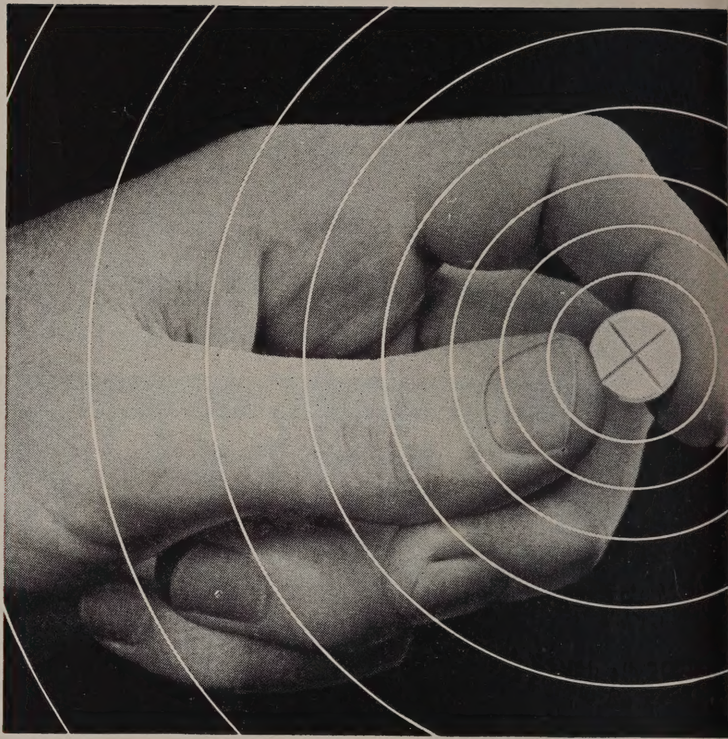

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NEW DOSAGE

The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets:

Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup:

Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

[1] Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

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The Physician's Bookshelf

By JONATHAN FORMAN, M. D.

Liver: Structure and Function, by Hans Popper, M. D., and Fenton Schaffner, M. D. ($20.00, *Blakiston Division, McGraw-Hill Book Co., New York 36, N. Y.)* This is a source book on the liver in health and disease covering both structure and function, emphasizing the correlation between clinical manifestations and pathological changes and assembling a current concept of the relation between liver structure and liver function.

The Changing Patient-Doctor Relationship, by Martin G. Vorhaus, M. D. ($3.95, *Horizon Press, Inc., 220 W. 42nd St., New York 36, N. Y.)* The author states his purpose as: "The needs of the patient can be satisfied. The doctor has, to a very large degree, the means to satisfy these needs." This study is a means to an end: that is to bring these two into the closest possible rapport with each other so that the doctor may fulfill his obligation to the patient. Among the most fascinating sections of the book are five long, detailed case histories, two women, three men (bound to be widely discussed for their frankness and for their sheer interest as human stories). It explores a need that so often preoccupies our lives—the need of both the patient and the doctor to arrive at a healthier understanding of each other. It will be interesting to a healthy person or the patient who has been troubled by his relationship with his doctor.

Dynamic Psychiatry (In Simple Terms), by Robert R. Mezer, M. D. *($2.50. Springer Publishing Co., New York 10, N. Y.)* This presentation has the merit of departing from the conventional methods of the standard texts. It puts on the printed page the material which the author has been using in teaching social workers, nurses and medical students. It portrays the development of an individual within the framework of psychoanalytical thought.

Principles and Methods of Sterilization, by John J. Perkins, M. S. ($8.00. *C. C. Thomas Inc., Springfield, Ill.)* The Director of Research for American Sterilizer Company has brought out a book of interest to all who have anything to do with the subject in any way. In addition to presenting a clear concept of the basic principles, the author has stressed the more specialized topics of which sterilization is a vital part: Planning a centralized plant in a hospital, the preparation of parenteral solutions, and infant formulae.

Natural Childbirth, by H. B. Atlee, M. D. ($2.75. *C. C. Thomas Publisher, Springfield, Ill.)* Sane presentation of a sane approach to childbirth.

The Urge to Punish, by Henry Weihofen. ($4.00. *Farrar, Straus and Cudahy, New York 3, New York.)* This is an Isaac Ray Award Book and presents a new approach to the problem of mental irresponsibility for crime.

Mental Health Planning for Social Action, by George S. Stevenson, M. D. ($6.50, *The Blakiston Division of McGraw-Hill Book Co., New York 36, N. Y.)* This book offers new perspectives to those who are concerned with mental health. It enables them to make the most of the existing facilities and to work closely with other groups toward the common goal.

Heritable Disorders of Connective Tissue, by Victor A. McKusick, M. D. ($7.50, *C. V. Mosby Co., St. Louis 3, Mo.)* This is addressed to the general man—practitioner, pediatrician and internist—for he is in the best position to size up the total situation with reference to the patient and to his family. The text treats of the normal; then Marfan Syndrome; Ehlers-Danlos Syndrome; Osteogenesis imperfecta; Pseudoxanthoma elasticum; Hurler Syndrome; and several of the lesser well known changes in connective tissue.

Doctors, Dynamite and Dogs, by Edith M. Schussler. ($5.00, *Caxton Printers, Caldwell, Idaho.)* The story of the exciting days when the Milwaukee, St. Paul and Puget Sound Railroad was extending itself westward from St. Regis, Montana, to St. Joe, Idaho, by digging the St. Paul Pass Tunnel through the Bitterroot Range and the part that the author and her husband, the contract surgeon, played out there.

Diagnosis and Treatment of Vascular Disorders—Angiology, by Saul S. Samuels, M. D. ($16.00. *The Williams and Wilkins Co., Baltimore 2, Md.)* This is a well rounded source book reflecting the current status of all phases of the disorders of the blood vessels by the editor of *Angiology.*

Textbook of Gynecology, by Emil Novak, M.D., and Edmund R. Novak, M. D. ($11.00, fifth edition, *Williams and Wilkins Co., Baltimore 2, Maryland.)* Special emphasis in the revision has been placed upon the newer developments in the management of uterine cancer and tuberculosis. The rest of the book has received careful revision and improvement throughout.

Meditations on Medicine and Medical Education—Past and Present, by I. Snapper, M. D. ($3.75, *Grune and Stratton, New York 16, N. Y.)* The author is extremely well fitted through his education and cosmopolitan experiences to attempt to paint in the historical background of modern medicine and to show thereby where we physicians came from and possibly a hint as to where we are going.

Arthroplasty, by St. J. D. Buxton, F. R. C. S. ($6.00. *J. B. Lippincott Co., Philadelphia 5, Pa.)* This is an extension of the author's lecture to commemorate the life and works of Robert Jones.

Growing up to Love, by H. Clair Amstutz, M. D. ($2.50, *Herald Press, (Mennonite Publishing Co.,) Scottdale, Pa.)* This is a guide for parents.

Handbook of Histology, by Karl A. Stiles, ($3.00, 4th edition, *Blakiston Division, McGraw Hill Book Company, New York 36, N. Y.)* The enthusiastic reception and wide use of the three previous editions of this handbook have demonstrated that it is making a definite contribution to the teaching of microscopic anatomy.

Clinical Memoranda on Economic Poisons, prepared by Technical Development Laboratories Technology Branch, Communicable Disease Center Savanah Georgia. Reproduced as a public service by *(National Agriculture Chemicals Association Washington 6, D. C.* Apply.) This book does not deal with the long time accumulated effects of small doses injested as food residues but rather the acute and chronic poisoning of industrial user.

Morals in Medicine, by Thomas J. O'Donnell, S. J. ($3.75, *The Newman Press, Westminster, Maryland.)* The Professor of Medical Ethics at Georgetown University School of Medicine has a completely new textbook giving straightforward answers to practical problems in this field and at the same time underlines and clarifies the governing theological foundations.

Alcoholism, edited by George N. Thompson, M. D. ($9.50, *C. C. Thomas, Springfield, Ill.)* Eight authorities were sought out by the publisher and the editor to contribute their section to this medical survey of this important health problem. Alcoholism is here discussed from every angle. The authors emphasize that alcoholism exceeds heart disease and cancer in its importance to the welfare of the patient and the social structure.

Medicine in a Changing Society, Lectures to the Laity, No. XVIII, The New York Academy of Medicine, edited by Iago Galdston, M. D. ($3.00, *International Universities Press Inc., New York 11, New York.)* This is another in the series under this general title which points up, in language that any literate person can understand, the basic structure of medical research in the field of mental health as it is related to the challenging problems of emotional adjustments in a changing order of society.

Synopsis of Pathology, by W. A. D. Anderson, M. D. ($8.75, 4th edition, *C. V. Mosby Co., St. Louis 3, Mo.)* A concise but comprehensive presentation of pathology.

Cytologic Technics for Office and Clinic, by H. E. Nieburgs, M. D. ($7.75, *Grune and Stratton, Inc., New York 16, N. Y.)* Cancer detection and diagnosis has been greatly enhanced by the study of exfoliative cytology. This volume presents the accumulated data on cell morphology, techniques of cell collection, the preparation of specimens and laboratory procedures.

Manual of Recovery Room Care, edited by John M. Beal, M. D. ($3.75, *Macmillan Co., New York 11, N. Y.)* A manual by members of the Department of Surgery, The New York Hospital Cornell Medical Center for all who are responsible for postoperative patients.

Clinical Use of Radioisotopes, by W. H. Beierwaltes, M. D., P. C. Johnson, M. D., and A. J. Solari, M. S. (Physics). ($11.50, *W. B. Saunders Co., Philadelphia 5, Pa.)* Developed at Ann Arbor in an effort to reduce the load of repetitive teaching. It attempts to instruct in the common clinical uses of these new therapeutic materials.

Book of Health: An Authoritative Family Guide, edited by W. W. Bauer, M. D. (35 cents, *Dell Books, New York 10, N. Y.)* The official American Medical Association Book of Health.

Notes on Atomic Energy for Medical Officers, ($4.75, *Philosophical Library, Inc., New York 16, New York.)* An introduction to the subject for Service and other Medical Officers who may be concerned with defense against atomic bombs and similar problems, by The Royal Naval Medical School, Alverstoke, Hampshire, England.

Drugs in Current Use: 1957—Third Vol., edited by Walter Modell, M. D. ($2.00, *Springer Publishing Co., Inc., New York 10, N. Y.)* This is an annually revised alphabetical listing of drugs in common use; well established drugs, some still on trial, old ones of only traditional value but likely to be encountered.

Manual of Anesthesiology, by Herman Schwartz, M. D., S. H. Nagi, M. D., E. M. Papper, M. D. ($4.25, *C. C. Thomas, Springfield, Ill.)* A text for residents and medical students presenting condensed but complete source of primary and basic information.

Concise Anatomy, by Linden F. Edwards, Ph. D ($7.50, second edition, *McGraw Hill Book Co., New York 36, N. Y.)* This book is designed for students in the allied health areas, who must know the basic principles of human anatomy.

Ready for the Plaintiff, by Melvin M. Belli. ($6.50, *Henry Holt and Co., 383 Madison Ave., New York 17, N. Y.)* The author, a San Francisco lawyer whom *Life* called "King of Torts," has written the story of personal injury law, damage suit law, or as lawyers call it, tort law.

Surgery in World War II: Orthopedic Surgery in the European Theater of Operations, Vol. I, Editor-in-Chief, Colonel J. B. Coates, Jr., M. C. ($4.00, *Office of the Surgeon General, Department of the Army, Washington 25, D. C.)* As the late Elliott C. Culler wrote of these data, "This volume contains material which will be of value and interest not only to the military surgeon but to those interested in bone and joint surgery in civil life."

Surgery in World War II: General Surgery Volume II, Editor-in-Chief, Colonel J. B. Coates, Jr., M. D. ($4.00. *Office of the Surgeon General, Department of the Army, Washington 25, D. C.)* The 3,154 abdominal injuries upon which this study is chiefly based were the results of the violence of war and all but about 100 were combat injuries.

Handbook of Differential Diagnosis, by Harold Thomas Hyman, M. D. ($8.00, second edition, *J. B. Lippincott, Philadelphia 5, Pa.)* This edition contains 3,200 separate entries on symptoms, signs, laboratory findings as well as cross references to more than 1,200 analyses on differential diagnosis.

Current Therapy: 1957, edited by Howard F. Conn, M. D. ($11.00, *W. B. Saunders Company, Philadelphia 5, Pa.)* A whole new staff of authorities present their methods of treating the various diseases encountered by the practicing physician. The technique of using a different authority each year to bring the treatment of each disease up to date has much to recommend it over those of the usual annuals.

You Can Stop Worrying, by Samuel W. Gutwirth. ($3.00, *Henry Regnery Company, Chicago 4, Ill.)* This is a further application of the science of relaxation as assembled by Dr. Edward Jacobson of University of Chicago by one of his students. It is believed that it is impossible to worry if one is relaxed. So if one knows how to relax then one's worries are over.

Handbook of Chest Surgery for Nurses, by J. Leigh Collis, M. D., and L. E. Mabbitt. ($3.75, 4th edition, *Williams and Wilkins, Baltimore 2, Maryland.)* Operations for inflammatory conditions such as bronchiectasis and empyema do not appear on O. P. schedules as frequently as they did a short time ago, thanks to the improvement in antibiotics. Cardiac and esophageal surgery has continued to advance. Hence this new edition.

Third National Cancer Conference: 1956, ($9.00, *J. B. Lippincott Co., Philadelphia 5, Pa.)* This conference held in Detroit, covers the whole field of clinical malignancies and therefore is a volume of invaluable reference. It consists of some 70 pages of General Lectures and nearly 900 pages of symposia and panels on each of the various organs.

Symposium on the Role of Some of the Newer Vitamins in Human Metabolism and Nutrition, ($2.50. Published by *National Vitamin Foundation, Inc. New York 22, N. Y.)* This is number 12 in the Nutrition Symposium series. It is the Proceedings of the Nutrition Symposium held at Vanderbilt University, Nashville, Tenn.

Essentials of Histology, by Margaret M. Hoskins, Ph. D., and Gerrit Bevelander, Ph. D. ($4.00. Third edition. *C. V. Mosby Co., St. Louis 3, Mo.)* Designed for a beginners' course in the morphological characteristics of tissues and organs.

The Psychology of Human Differences, by Leona E. Tyler, ($6.00, second edition, *Appleton-Century-Crofts Co., New York 1, N. Y.)* It has been ten years since the first edition appeared. This second edition has been prepared with many improvements but with the emphasis on statistical significance.

Straight to the Heart: A Personal Account of the Thoughts and Feelings While Undergoing Heart Surgery, by George Lawton, with a special supplement by Ethel Lawton. ($5.00, *International Universities Press, New York 11, N. Y.)* This is a narrative of a personal experience with heart surgery by a competent writer and is as frank, inti-

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The Pyribenzamine Lontab is unique in two ways. Its outer shell actually releases 33 mg. Pyribenzamine for immediate relief. Its specially formulated inner core slowly and consistently releases an additional 67 mg. Pyribenzamine to extend relief up to 12 hours.

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SUPPLY: *Pyribenzamine Lontabs,* 100 mg. (light blue). *Pyribenzamine Regular Tablet,* 50 mg. (scored) and 25 mg. (sugar-coated).

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mate and detailed an account as probably ever will be written.

Experimental Methods for the Evaluation of Drugs in the Various Disease States—A Monograph. Under the editorship of Otto V. St. Whitelock. ($4.00, Annals of the New York Academy of Medicine, Vol. 64, Article 4, pages 463-732. *Academy of Sciences, New York 21, N. Y.)* The thesis of this conference was that serendipity is insufficient provider for better therapeutic agents. Greater reliance can be placed on the systematic study of experimental techniques employed in pharmacological research for selecting types of physiological activity that may have medical usefulness. It always has been your reviewer's opinion that serendipity is the basis of every fundamental discovery and that the techniques described in this conference are of great value in engineering these fundamental discoveries into useful applications in science and in medicine.

Medic Mirth: A Choice Collection of Cartoons with Selections from **Dr. It Tickles,** by Henry Felson. ($0.25, *Ace Books, 23 West 47th Street, New York 36, N. Y.)* Makes a delightful little piece to put on the waiting room table or chuckle with before going to sleep at your own bedside.

Your Child's Teeth, A Guide for Parents, by Edgar S. Bacon, D. D. S. ($2.50, *E. P. Dutton and Co., New York 10, N. Y.)* A book telling how dental supervision can prevent the need for straightening teeth and how good habits can preserve teeth. Has the blessing of the American Dental Association.

Freud, Psychoanalysis, Catholicism, by the Rev. Peter J. R. Dempsey. ($3.00, *Henry Regnery Co., Chicago 4, Ill.)* The author is a lecturer in psychology at University College in Cork, Ireland. One of the few rational scholars who can hear both sides of the argument about Freudism, weigh each on the judicial scales of the teaching of the church and offer evaluation that joins rather than separates religion and science.

General Urology, by Donald R. Smith, M. D. ($4.50, *Lange Medical Publications, Los Altos, California.)* This is a manual in urology for the department in the University of California school of medicine. It is a comprehensive and well designed and adequately illustrated text.

Lakeside Lecture Series—Vol. I, 1956, Lectures I-V (Apply. *Lakeside Laboratories, Inc., Milwaukee 1, Wis.)* This is a series of five extremely interesting lectures by outstanding authorities. The titles are The Enzymology of the Normal and Failing Heart; Problems and Experimental Atherosclerosis; Physiological Basis of the Therapy of Gastrointestinal Disorders; Metallic Content of the Cardiovascular Structures and Related Tissues; Physiologic and Pathologic Significance; The Changing Disability Patterns in Chest Diseases.

Physiology of the Nerve Cell, by John Carew Eccles. ($5.75, *Johns Hopkins University Press, Baltimore 18, Md.)* These are the amplified Herker lectures given at Hopkins in the fall of 1955 by the professor of Physiology in the Australian National University of Canberra, and bring us quite up to date with the biochemistry of the living nerve cell which is by far the most interesting of all the cells in the body.

Congenital Anomalies of the Viscera: Their Embryological Basis, by J. L. Bremer, M. D. ($5.00, *Harvard University Press, Cambridge 38, Massachusetts.)* This authoritative, well illustrated work presents a great variety of clinically important prenatal and neonatal anomalies from the embryological point of view. It is the first adequate account of this subject as a whole and will be welcomed by pediatricians, pathologists and surgeons alike.

Clinical Orthopaedics No. 8: Chronic Hereditary Diseases and Developmental Anomalies, by Anthony F. DePalma, editor, with the assistance of an editorial board. ($7.50, *J. B. Lippincott Company, Philadelphia 5, Pa.)* In addition to the subjects carried in the title there is in this issue a section on general orthopedics and a section on motorists' injuries and motorists' safety, both of which are extremely timely. This is one of a series of volumes in a symposium form produced under the auspices of the Association of Bone and Joint Surgeons.

Contemporary Rheumatology, edited by J. Goslings and H. Van Swaay. ($15.00, *Van Nostrand Co., Princeton, N. J.)* This is the proceedings of the third European Rheumatology Congress held at the Hague in 1955. It is a well illustrated record containing 170 articles by 238 leading European and American authorities on rheumatism. The wide range of subjects dealt with and the manner of their arrangement make this a comprehensive book of reference on the subject currently.

The Visual Fields: A Textbook and Atlas of Clinical Perimetry, by David O. Harrington, M. D. ($16.00, *C. V. Mosby Company, St. Louis 3, Mo.)* This is a comprehensive text by one of the leading authorities. Knowledge of the subject, thoroughness in examination and meticulous attention to detail are combined with originality. This presentation is thoroughly grounded, broadly prepared by an experienced teacher of the subject.

WHEN YOU TREAT INFECTIONS IN PATIENTS SUCH AS THESE

- debilitated
- elderly
- diabetics
- infants, especially prematures
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- those on prolonged and/or high antibiotic dosage
- women—especially if pregnant or diabetic

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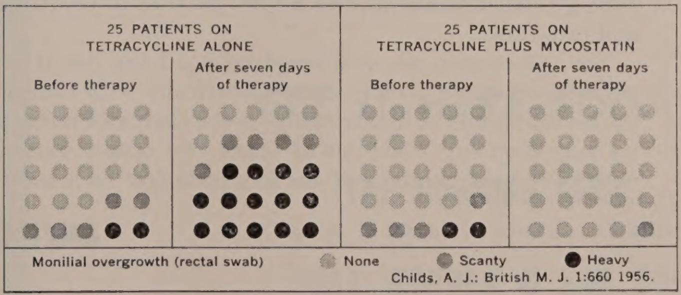

Childs, A. J.: British M. J. 1:660 1956.

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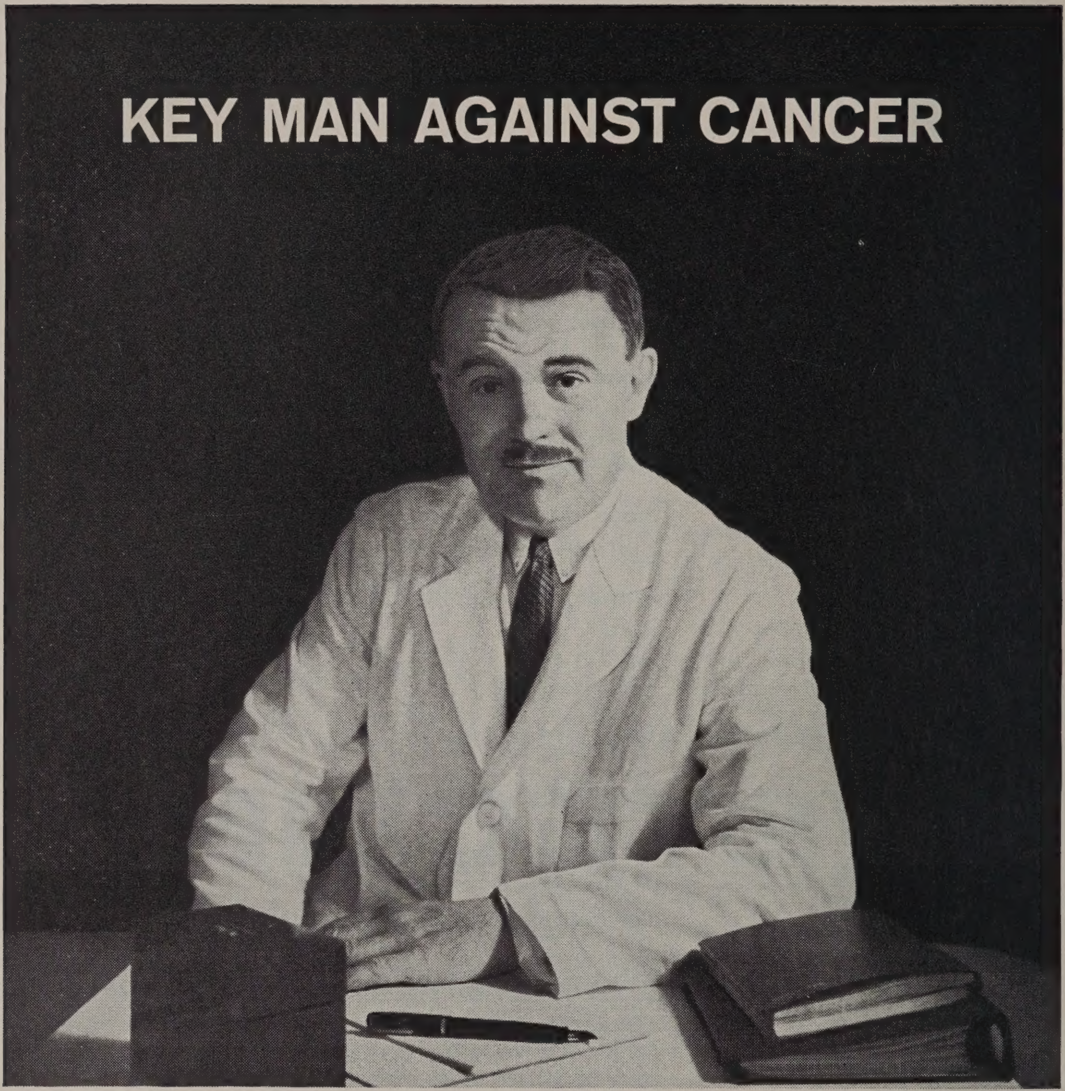

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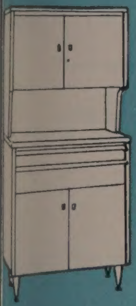

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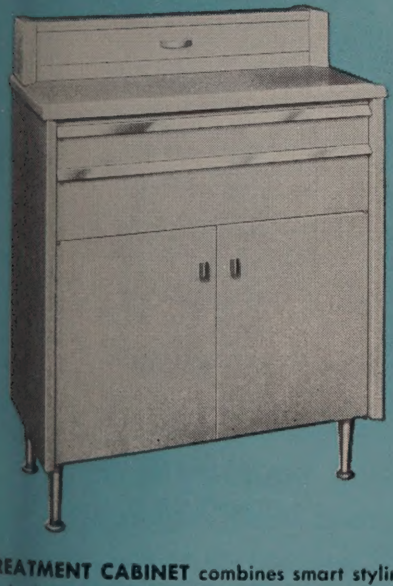
nstrument Cabinet **Waste Receptacle**



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is obtained by desensitizing patients for the specific irritants to which your patient reacted by the scratch test. Each desensitization formula is individually prepared for each patient according to his own needs based upon the list of irritants that you supply and the degree of reaction of each. Specific desensitization immediately *promotes active immunity* lasting longer than any other known medication. Each specific treatment is prepared in a three vial serial dilution set (20 doses) and includes a personalized treatment schedule indicating the correct interval to use between injections. For patients that have already been skin tested by any means, send their list of offenders to the Allergy Division. Prompt 7-10 day service for all Rx's.

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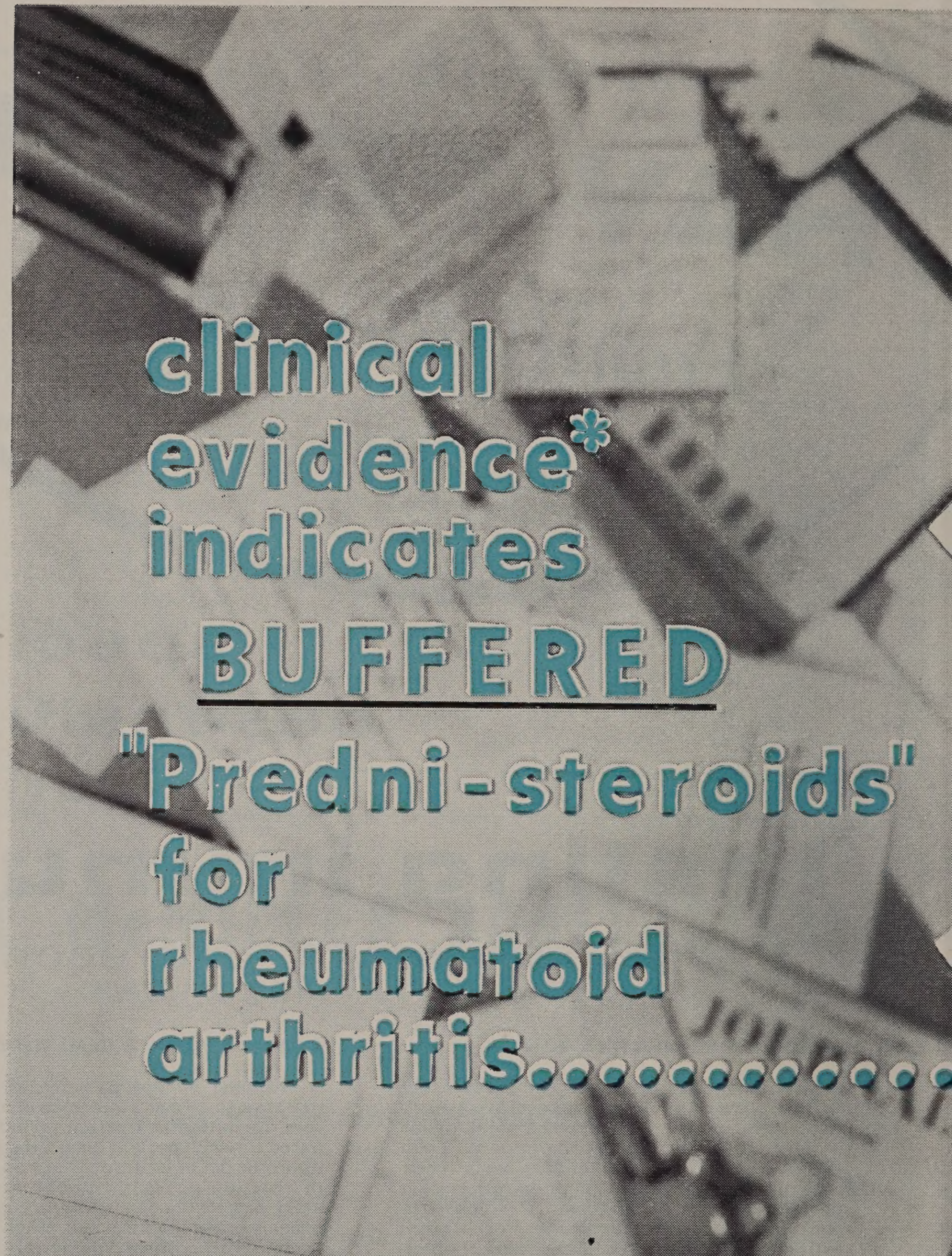
clinical
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indicates
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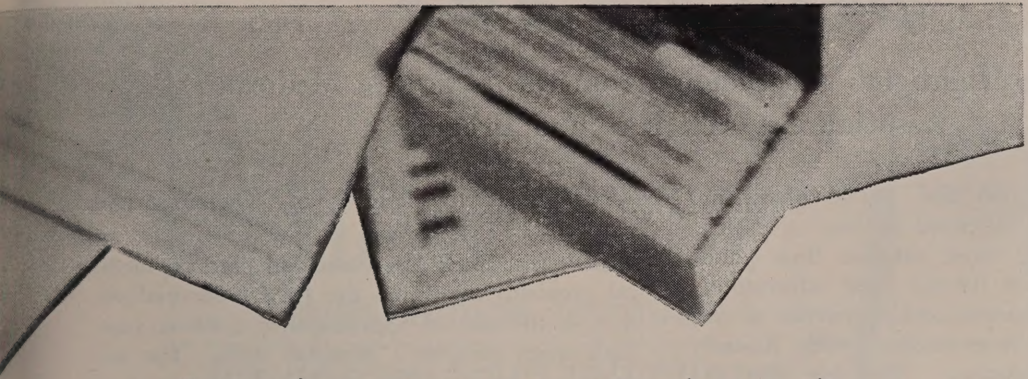
"Predni-steroids"
for
rheumatoid
arthritis..............



Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem—well documented in a growing body of literature.

"In view of the beneficial re-
onses observed when antacids
d bland diets were used concom-
ntly with prednisone and predni-
lone, we feel that these measures
ould be employed prophylacti-
lly to offset any gastrointestinal
le effects."—Dordick, J. R. *et al.*:
Y. State J. Med. 57:2049 (June
) 1957.

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: J. Kentucky State M. A. 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: J. A. M. A. 158:459 (June 11) 1955.

One way to make sure that patients receive full benefits of "predni-steroid" therapy plus positive protection against gastric distress is by prescribing CO-DELTRA or CO-HYDELTRA.

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PREDNISONE BUFFERED

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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

BETWEEN 12,000 and 15,000 physicians will journey westward in June in search of something more valuable than gold. They'll be on a quest for the latest information on new medical techniques and discoveries at the American Medical Association's 107th Annual Meeting in San Francisco. The five days of June 23-27 will be filled with bright nuggets—including scientific exhibits, lectures, motion pictures, panel discussions, televised surgical procedures and commercial exhibits. Convenient center for the Scientific and Technical Exhibits, films, color TV and lectures will be the Civic Auditorium, the adjacent new Plaza Exhibit Hall and other surrounding buildings. Headquarters for the House of Delegates sessions will be the Sheraton-Palace Hotel.

Registration officially opens at the new Plaza Exhibit Hall Monday, June 23, at 8:30 a. m. and closes Friday noon. Advance registrations will be accepted Sunday, June 22, from 12 noon to 4:00 p. m. The Scientific and Technical Exhibits will be open to AMA physician-members *only* on Tuesday and Wednesday mornings.

Plan now to attend this worthwhile medical meeting. Watch for further details in *The Journal of The AMA.*

AMA Offers Booklet on Problems of Aging

A series of articles dealing with various health problems of the aging have been reprinted in booklet form from *The Journal of the AMA.* Four of the 11 titles in the series are:

"The Oldster and His Doctor;" "Stress and Exhaustion;" "Rehabilitation and Restorative Services," and "Preparation for Retirement Is a Must." Copies of the booklet are available on request from the AMA's Council on Medical Service.

New Name for Direct Line to MD's

One of AMA's best-known services to physicians recently changed its name. Beginning with the January 4, 1958 issue of *The Journal of the AMA* the "Queries and Minor Notes" section was carried under the title of "Questions and Answers." A check into the history of this service indicates that the first question from a physician was answered in the March 18, 1899 issue of *JAMA* under the heading of "Questions and Answers."

Each year questions relating to practical medical problems come into the *JAMA* editorial offices at the rate of approximately 2,400 a year. Each query receives a personal reply. The answers are prepared by consultants recognized as competent authorities in their respective medical fields. At the present time, about 900 authorities in all parts of the United States and Canada are maintained as consultants. If the question and its answer seem to be of interest to the majority of doctors, the material is slated for publication.

TV Jingles Plug Good Health

Well-known nursery rhyme characters like Humpty Dumpty and Jack and Jill helped to sell the idea of healthful living to many American families during 1957. Some 54 counties in 26 states sponsored the AMA's 20-second animated cartoon health spots last year, reports the Bureau of Health Education. These jingles were shown over local television stations in several metropolitan areas including Cincinnati.

Each set of spots is "personalized" with the name of the county or state medical society on both the visual and auditory film track. The series still is available to local medical societies—at no charge—by requesting order blanks from the Bureau of Health Education.

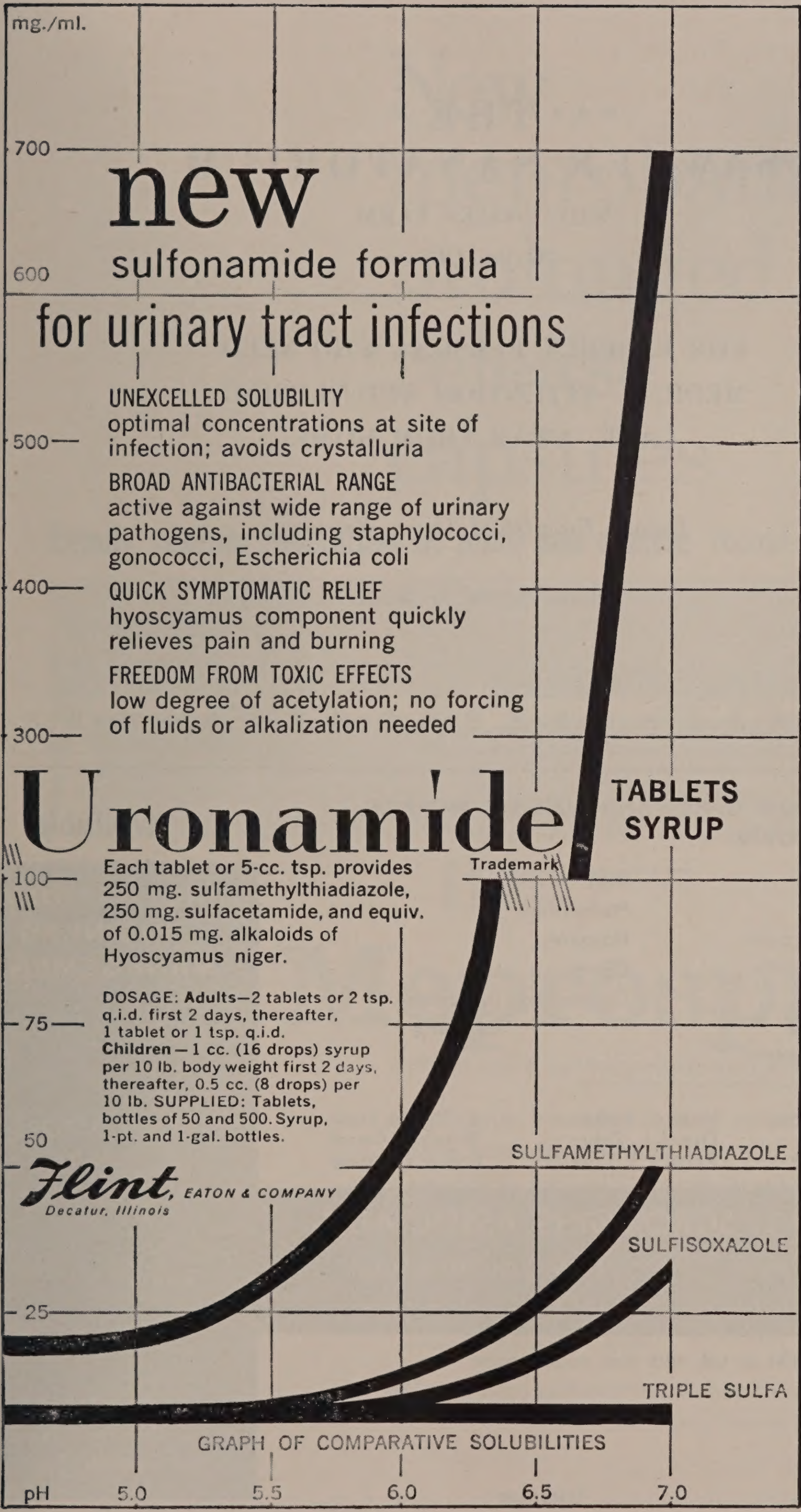
Pending Actions in AMA Organization

Recent changes authorized by the Board of Trustees include:

1. Dr. George F. Lull has assumed the new title and new position of assistant to the president, retaining the title of secretary until the June meeting of the House of Delegates.

2. The title of Dr. F. J. L. Blasingame as general manager will continue until the June meeting, when that title is expected to be discarded for "executive vice-president" by action of the House.

3. Also pending house action is the recommendation to change the title of Dr. Ernest B. Howard from assistant secretary to assistant general manager.



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for urinary tract infections

UNEXCELLED SOLUBILITY
optimal concentrations at site of infection; avoids crystalluria

BROAD ANTIBACTERIAL RANGE
active against wide range of urinary pathogens, including staphylococci, gonococci, Escherichia coli

QUICK SYMPTOMATIC RELIEF
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low degree of acetylation; no forcing of fluids or alkalization needed

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Each tablet or 5-cc. tsp. provides 250 mg. sulfamethylthiadiazole, 250 mg. sulfacetamide, and equiv. of 0.015 mg. alkaloids of Hyoscyamus niger.

DOSAGE: **Adults**—2 tablets or 2 tsp. q.i.d. first 2 days, thereafter, 1 tablet or 1 tsp. q.i.d. **Children**—1 cc. (16 drops) syrup per 10 lb. body weight first 2 days, thereafter, 0.5 cc. (8 drops) per 10 lb. SUPPLIED: Tablets, bottles of 50 and 500. Syrup, 1-pt. and 1-gal. bottles.

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"Sulfamethylthiadiazole . . . effective chemotherapeutic agent in urinary infection...tolerated quite well . . . bacterial spectrum is comparable to that of sulfadimetine and sulfisoxazole."[1]

"[Sulfacetamide]...among the least toxic but one of the most effective of the sulfonamides against urinary tract pathogens."[2]

1. Hughes, J., et al.: South. M. J. 47:1082, 1954.
2. Kerley, L., and Headlee, C. P.: J. Am. Pharm. A. (Scient. Ed.) 48:82, 1956

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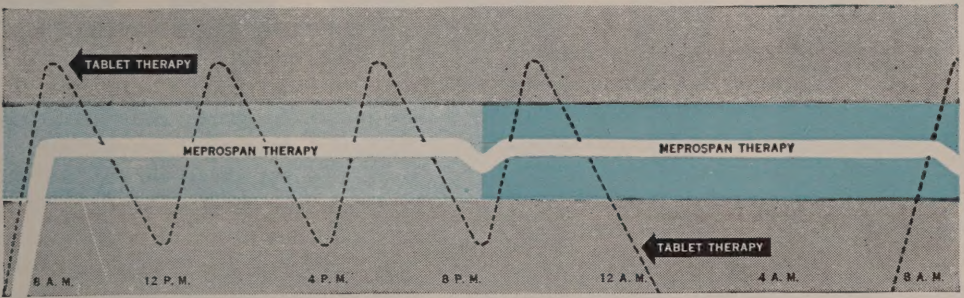

TWO MEPROSPAN CAPSULES IN THE MORNING RELIEVE ANXIETY, TENSION AND SKELETAL MUSCLE SPASM THROUGHOUT THE DAY.

TWO MEPROSPAN CAPSULES AT BEDTIME PROVIDE UNINTERRUPTED SLEEP THROUGHOUT THE NIGHT.

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- maintains constant level of relaxation
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Meprobamate (Wallace) .... 200 mg.
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Literature and samples on request.

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Washington Roundup . . .

News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

Health Resource Advisory Committee, headed by former AMA President Elmer Hess, M. D., has been assigned task of advising Office of Defense Mobilization on mobilization of health resources, their utilization and allocation under mobilization situations, and interpreting views of the nation's health community relating to mobilization of health manpower, facilities and supplies.

* * *

Armed services are producing a standardized plastic blood pack unit superior to glass from standpoint of bulk and weight, plus a newly developed blood refrigerant shipping container that is disposable and lighter than previous container.

* * *

Recent conference on nursing homes held in Washington under auspices of U. S. Public Health Service and attended by 150 representatives of nursing homes and home-for-aged organizations resolved that there is need for Federal legislation to encourage financing and reconstruction of such homes. Also, a section of the conference agreed that every elderly person in a nursing home should have a private physician; every home operator should have a physician for advice and emergency calls.

* * *

Public Health Service has contracted with Battelle Memorial Institute, Columbus, to test chemicals and antibiotic filtrates as possible agents for use against three forms of cancer in mice—leukemia, breast cancer and tumors of connective tissues; Battelle also will try to develop improved testing methods and will test toxicity of antibiotic culture infiltrates.

* * *

Defense Department and Atomic Energy Commission states that an accidental detonation of conventional nuclear explosives might possibly cause local scattering of nuclear materials in the form of dust, but this wouldn't be a fallout of fissioned material and such materials could be hazardous only if taken internally, as in breathing.

* * *

Recent report of Federal Social Security Administration shows that in 1948 voluntary health insurance paid 8.6 per cent of the nation's private medical costs, and by the end of 1956 insurance had expanded to the extent where it was meeting 26.3 per cent of those costs.

* * *

National Cancer Institute has developed a new test to measure amount of radiation exposure a person has received. Microscopic examination of hair roots is the key; greater the exposure, greater the damage to hair roots.

* * *

The veteran population of the United States was 22,724,000 as of January 31, 1938, an increase of 134,000 since the same date in 1957, a VA report shows.

* * *

Warning the nation on the food faddist and diet quack, AMA President Allman told National Food Conference in Washington that "many Americans have undiagnosed diseases of nerves, bones, blood, liver, kidneys, heart or digestive tract," and that the food faddist or diet quack often appears to the ill person as his salvation. He said that as a result, many persons put off medical attention too long.

* * *

A new synthetic drug, thiocarbanidin, will be tested against tuberculosis by the Veterans Administration, the agency announced.

* * *

New Federal Civil Defense assistant administrator for health and medical affairs is Dr. Robert L. Smith, who took the advisory post on leave of absence from his post as medical director of U. S. Public Health Service.

* * *

National Office of Vital Statistics lists downward trend in diabetes mellitus deaths, from 27 per 100,000 population in 1949 to 16 per 100,000 in 1957. Better medical management is given credit for the trend.

* * *

All 173 Veterans Administration hospitals have begun a long-term survey to provide information on cancer patients at the rate of about 25,000 per year. VA hospitals are admitting approximately 35,000 cancer patients yearly and have an average daily cancer patient load of more than 4,000.

BIFRAN®

with a
plus factor
in treating
the overweight

In addition to dulling the appetite, elevating the mood, and easing anxiety, Bifran tablets contain the plus factor, Cholan DH® (dehydrocholic acid, Maltbie). This hydrocholeretic maintains a normal flow of bile, thus avoiding the physiological consequences of low fat intake in the usual dietary program.

Prescribe Bifran tablets for your overweight patients.

Each Bifran tablet contains 5 mg. methamphetamine hydrochloride, 200 mg. dehydrocholic acid (Maltbie), and 15 mg. pentobarbital.

Supplied: Bottles of 100, 500, 1,000.

Maltbie **MALTBIE LABORATORIES DIVISION • WALLACE & TIERNAN INC. • Belleville 9, N. J.**

PBN-81

'DIURIL'

(CHLOROTHIAZIDE)

in

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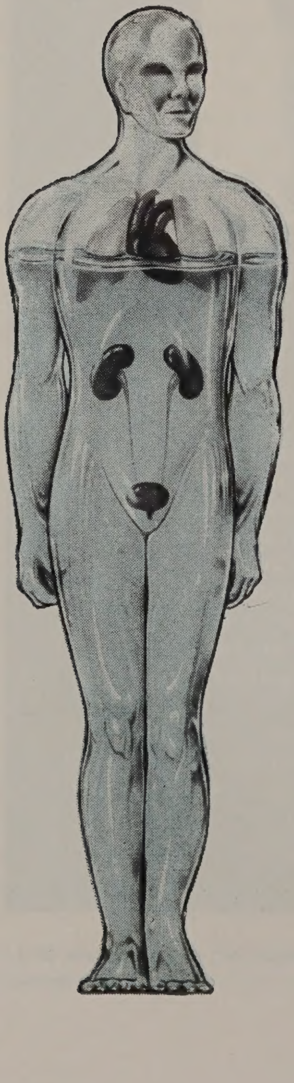

Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

BENEFITS:

- The only orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials.
- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
- Promotes balanced excretion of sodium and chloride—without acidosis.

Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' and 'INVERSINE' are trade-marks of Merck & Co., Inc.

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Division of MERCK & CO., INC., Philadelphia 1, Pa.

as simple as 1-2-3 in HYPERTENSION

1 INITIATE 'DIURIL' THERAPY

'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS

The dosage of other antihypertensive medication (reserpine, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION

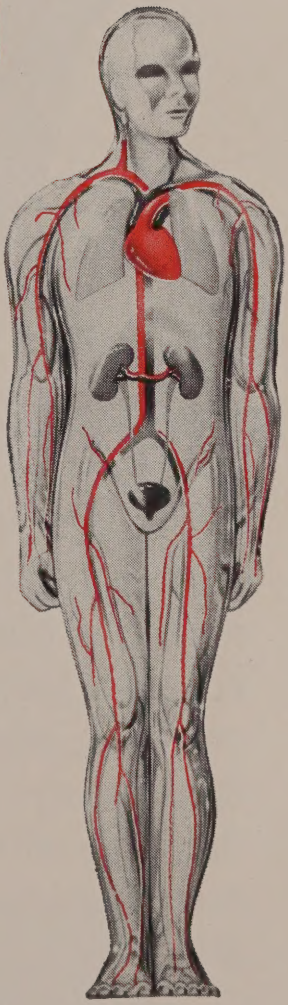
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'



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there's pain and inflammation here... it could be mild or severe, acute or chronic, primary or secondary fibrositis—or even early rheumatoid arthritis

more potent and comprehensive treatment than salicylate alone

. . . assured anti-inflammatory effect of low-dosage corticosteroid[1]

. . . additive antirheumatic action of corticosteroid plus salicylate[2-5] brings rapid pain relief; aids restoration of function.

. . . wide range of applicatio including the entire fibrositis syndrome as well as early or mild rheumatoid arthritis

more manageable corticosteroid dosage

. . . much less likelihood of treatment-interruptin side effects[1-6]

. . . simple, flexible dosage schedule

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blets four times daily. After
sired response is obtained,
adually reduce daily dosage
d then discontinue.
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ntrol is obtained, gradually reduce
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fective maintenance level. For best
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corticoid-salicylate compound

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METICORTEN® (prednisone)	0.75 mg.
Acetylsalicylic acid	325 mg.
Aluminum hydroxide	75 mg.
Ascorbic acid	20 mg.

Packaging: SIGMAGEN Tablets, bottles of 100 and 1000.

References: **1.** Spies, T. D., **et al.:** J.A.M.A. 159:645, 1955. **2.** Spies, T. D., **et al.:** Postgrad. Med. 17:1, 1955. **3.** Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. **4.** Guerra, F.: Fed. Proc. 12:326, 1953. **5.** Busse, E. A.: Clin. Med. 2:1105, 1955. **6.** Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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You and Your Public . . .

Survey of Grievance Cases Indicates Understanding Is Keynote Of Individual Physician-Patient Relationship

THE keynote of the physician's relationship with his patients is "Understanding." This is a very personal type of public relations. The value of understanding is brought out in recent reports of the Cincinnati Academy of Medicine and the Philadelphia County (Pa.) Medical Society.

The fact that understanding prevents grievances is shown in the report of the Philadelphia Medical Society Professional Relations Committee. It indicates that in 26 complaints against physicians, 60 per cent probably could have been avoided if complainants had understood more about their various cases.

Difficulties Avoided

The report stated, "Undoubtedly the most important lesson to be learned from a study of this information is that difficulties most common between patients and physicians can often be avoided. Actually, of 28 cases, * * * 22 were referred because of a disagreement over the physician's fee. In 14 (60 per cent) of the latter the difficulty need not have arisen if the medical man had been sure that the patient or his family knew the approximate fee that would be involved.

"We are obligated to inform our patients about our charges unless, of course, there is an emergency. Even if this is the case we should waste no time in discussing the financial obligation at least with some responsible person in the family. Too often we are so intense about the medical problem involved that we neglect this very important aspect of medical practice and so unpleasant situations arise."

The Cincinnati Outlook

Pertinent aspects of how the grievance of a patient, real or imagined, involves the physician and his public are effectively pointed out in a *Cincinnati Journal of Medicine* article. The author of the article, Edward F. Willenborg, executive secretary of the Cincinnati Academy of Medicine, states:

"The Judicial Committee functions on the theory that a patient should have some method of obtaining a fair deal from the physician. This rule works both ways and it is the duty of the Judicial Committee to give the patient and the physician fair consideration. Usually, the final recommendation of the Judicial Committee to the physician results in an agreement between the parties and the closing of the case.

Some Feel Abused

"However, in some instances, the physician feels abused when he has received a letter of inquiry concerning certain practices that are in effect in his office. He feels that whatever he says or does is his concern and that he has the right to deal with the patient in any manner that he sees fit. If this theory is followed by even a few members of the profession, it brings about reproach from the public and, as a result, the public relations of organized medicine as a whole suffer considerably.

"The individual physician should remember that his decisions do not affect him alone. In Hamilton County there are approximately 1,100 physicians who want to belong to a profession that is highly regarded by the public and whose practices are not brought into scrutiny by the government, civic, or social organizations. It is their primary purpose to practice medicine for the benefit of patients, and they are entitled to a reasonable remuneration for administering to the sick. They usually have no difficulty with patients."

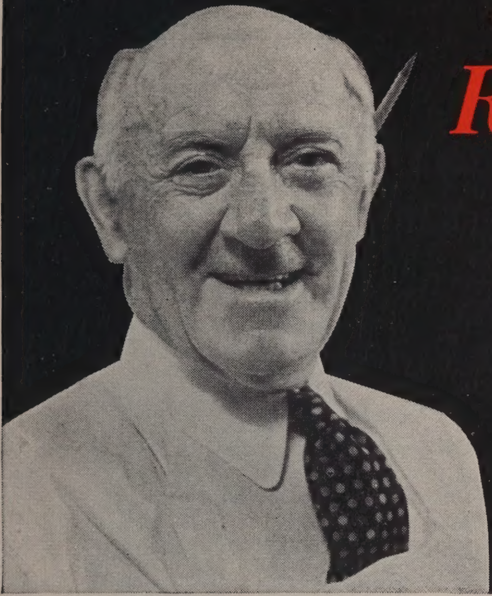
Pointing out that the physician needs help when a grievance gets beyond his office, Mr. Willenborg adds, "If no help is obtained, many of the complaints that are not resolved by an unbiased person or committee will reverberate against the physician and the medical profession as a whole."

Prevention Is Positive

The most positive approach to the grievance question is, of course, prevention of the grievance itself. Mutual understanding between the physician and his patient—or the patient's family—is the key to prevention of grievances.

Once the grievance develops, it is incumbent upon the physician to cooperate with the unit within his medical society that functions as a grievance committee. This committee functions, among other things, in the role of mediator, thus enabling the persons involved to present statements that are to be judged on an unbiased plane.

The fact that medical societies have seen fit to establish grievance procedures is evidence that the profession is actively concerned with the interests and well-being of the patient.



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for Rauwiloid IS better tolerated... "alseroxylon [Rauwiloid] is an antihypertensive agent of equal therapeutic efficacy to reserpine in the treatment of hypertension, but with significantly less toxicity."

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alseroxylon 1 mg. and alkavervir 3 mg.
for moderate to severe hypertension.
Initial dose 1 tablet t.i.d., p.c.

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alseroxylon 1 mg. and hexamethonium chloride dihydrate 250 mg.
in severe, otherwise intractable hypertension.
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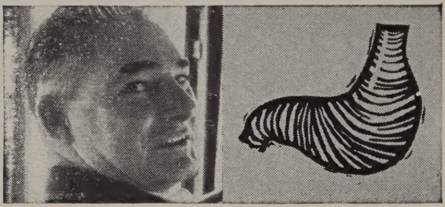
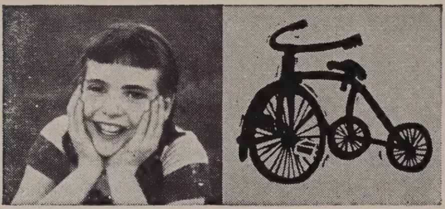
Both combinations in convenient single-tablet form.

in each of these indications for a tranquilizer...

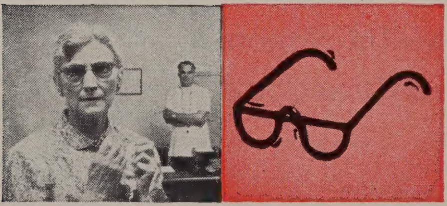
SR is a cardiac patient. His doctor put him on ATARAX because (✚) it is an anti-arrhythmic and non-hypotensive tranquilizer.



Other tranquilizers added to PN's g. i. discomfort (he has ulcers). But now his doctor has him on ATARAX because (✚) it lowers gastric secretion while it tranquilizes.



Asthmatic JL used to have frequent tantrums followed by acute bronchospasm. Her family doctor tranquilized her with ATARAX because (✚) it is safe, even for children.



Senile anxiety and persecution complex dogged Mrs. K. until her doctor prescribed ATARAX Syrup. (✚) It tastes good, and it's a perfect vehicle for Mrs. K's tonic.

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Initial dosage: 8 to 20 mg. daily. After 2 to 7 days gradually reduce to maintenance levels.
See package insert for specific dosages and precautions.
1 mg. tablets, bottles of 50 and 500.
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In Our Opinion: Comments on Current Economic and Social Questions and Professional Problems; Suggestions Regarding Organized Activities

MAY 6 IMPORTANT DAY FOR ALL GOOD CITIZENS

Every Ohio doctor should have a special appointment on Tuesday, May 6. It should be a "must" on his calendar, no matter how busy his professional schedule is on that particular day. May 6 is the date for the primary elections throughout the state. The polls are open from 6:30 a. m. to 6:30 p. m.

Each eligible voter has the right on that day not only to express his preference for the most qualified nominees of the political party of his choice, he may have an opportunity also to vote on important local issues, such as bond issues and tax levies.

Unfortunately, many voters stay away from the polls on primary election days. Physicians are too good citizens to allow themselves to be classed as slackers. Prove that you and the other voting members of your family are in the "solid citizen" class by going to the polls on May 6.

If you are in a registration area—and haven't registered; or haven't voted in a special, general or primary election in the last two calendar years; or have changed your name or place of residence, better check with your County Board of Elections so that you can be placed on the list of qualified voters.

The date is Tuesday, May 6. The polls are open from 6:30 a. m. to 6:30 p. m. Somewhere in that 12-hour period, you should find time to vote, in our opinion.

THEY'VE DECIDED TO DO SOMETHING ABOUT IT

Statements and headlines criticizing the medical profession or presenting false or misleading information regarding the social-economic aspects of medicine are disturbing to physicians. They gripe about this. Unfortunately, too few make any effort to do something about it.

The Cincinnati Academy of Medicine has started a project of doing something about it. The plan of that society should be repeated in other counties by the medical societies.

Under the heading "This is Your Chance," Dr. Arthur T. Evans, chairman of the Cincinnati Academy's Speakers Bureau, writes to Academy members as follows:

" 'Doctors Charge Too Much!' 'Borrow Money Here to Pay Your Big Doctor Bills!' 'Socialized Medicine Is Good for All!' 'Alcoholism Is No Problem!' 'Why Buy Medical Insurance? They Simply Take Your Money!' 'Veterans' Hospitals Are A Wonderful Thing!'

"Do these and similar statements stimulate you to speak your mind?

"Your chance is here. The Academy of Medicine Speakers' Bureau is being reactivated. We want every doctor who would like to speak to have an opportunity to present the physician's point of view on medical problems. Big Business spends millions annually for bettering and influencing public opinion. We can accomplish this through a Speakers' Bureau of physicians who can talk informally with various groups.

"A wide range of civic organizations will be informed of this new project of the Academy. Speaking engagements will be arranged only upon consent of the physician involved. The Committee is endeavoring to obtain professional speaking help for those who desire it. Written speeches must be presented to the Committee for purposes of timing and organization of a publicity brochure. If you are interested in helping the public to understand the problems facing physicians today, please fill out and return the enclosed card immediately. We wish to encourage you to present medical problems of all types, be they clinical, economic or social."

JAYCEES SHOULD HAVE ASSIST FROM YOUNGER DOCTORS

Recent announcement by the U. S. Junior Chamber of Commerce that its 3,000 chapters are embarking on a year-around community health program presents a challenge not only to all county medical societies but to younger physicians, as well.

Program guides have been prepared for each of 10 suggested activities: Salk Vaccine Campaign; Health Fair; Better Sight and Hearing for Children; Poison Control; Assistance to Mental Health for Youth; Adventures in Living for Older People; Help for Handicapped Children; Recreation for Mental Hospital Patients; Jaycee Health Forums; Directory of Health Services.

The Jaycees in their activities in this field will need—and should have—expert guidance. None is in a better position to give this guidance than the county medical societies. In addition, the local Jaycees should have the active support of the young physicians of the area as members of the organi-

Progress in SYNTHETIC CHEMISTRY
EQUALS
Progress in CHEMOTHERAPEUTICS

"It has a high degree of clinic safety. . . It is considered to be the preferred antimalarial drug for treatment of disorde of connective tissue, because of the low incidence of gastrointestina distress as compared to that with chloroquine phosphate."[1]

". . . Plaquenil is decidedly less toxic and better tolerated by the average patient, even in hig dosage, than is chloroquine."[2]

". . . the least toxic of its class . . ."[3]

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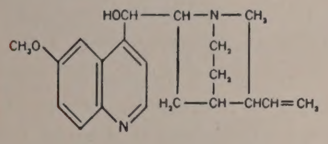

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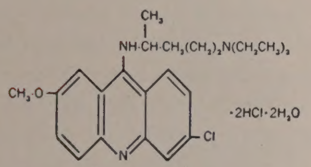

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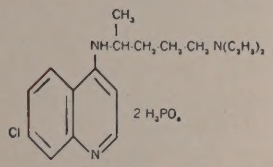
ARALEN®
PHOSPHATE



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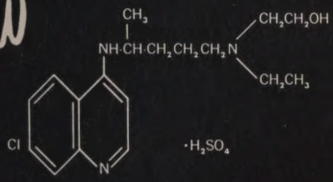

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SIDE EFFECTS MARKEDLY REDUCED

DOSE: Initial – 400 to 600 mg. (2 or 3 tablets) Plaquenil sulfate daily.
Maintenance – 200 to 400 mg. (1 or 2 tablets) daily.

SUPPLIED: Tablets of 200 mg., bottles of 100.

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FERENCES:

Scherbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
Schoch, A.G., and Alexander, L.J.: The Schoch section, *Bull. A. Mil. Dermatologists* 5:25, Nov., 1956.
Cornbleet, Theodore: Arch. Dermat. 73:572, June, 1956.

Atabrine (brand of quinacrine), Aralen (brand of chloroqui
and Plaquenil (brand of hydroxychloroqui
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zation. By becoming active Jaycees, the younger doctors will be helping that group and at the same time will be helping to keep the health programs being undertaken on an even keel.

LEGAL HAZARDS IN STERILIZATION OPERATION

Physicians who from time to time have to make a decision as to whether or not to perform a sterilization operation — for therapeutic or nontherapeutic reasons — should read carefully, if they have not done so, the article on this subject which appeared in the February 8 issue of *The Journal of the AMA*, page 645. The advice given therein is sound and timely.

Space will not permit a review of the many aspects of the subject here. However, this one paragraph from the article should be enough to warn all physicians to proceed cautiously:

"The law is still not settled, and the question of the physician's legal liability for the performance of an operation to produce sterility in the absence of therapeutic necessity is not clear. In any case, the physician before proceeding with any operation that will produce sterility should obtain from the patient or his parent and from the spouse of a married patient written consent in a form that shows the patient or parent and the spouse have consented with full knowledge of the purpose of the operation and its effects."

FEES AND THE PRINCIPLES OF MEDICAL ETHICS

Not infrequently one hears this question asked: What do the Principles of Medical Ethics say about a case where a physician doubles his fee if the patient's income is twice that of the average person?

Here's an answer given by the Judicial Council of the AMA recently:

The Principles of Medical Ethics are "standards by which a physician may determine the propriety of his conduct." They are guides to be observed, not laws to be enforced. The second sentence of section 7, providing that a physician's "fee should be commensurate with the services rendered and the patient's ability to pay" is such a guide. It is a general principle which should aid the physician in considering his fee. In addition to legal prohibitions, the very nature of medical practice prevents the rigid establishment of inflexible fees for the many services which may be rendered to any individual. This principle does not suggest, therefore, that a physician set his fee with mathematical accuracy nor does it impose on him an obligation to act contrary to conscience, reason, or experience.

In the opinion of the Council, "commensurate with the services rendered" recognizes that although there are some services which are considered invaluable, nonetheless their practical value lies within a range—within limits above or below which a fee is unconscionable. In the opinion of the Council a "patient's ability to pay" is a secondary factor, one to be considered after, not before, value "commensurate with the services rendered" is ascertained. In the further opinion of the Council it is not contrary to conscience for the physician to consider the patient's ability to pay if he fixes his particular fee within reasonable limits. The language used in this section is intended only to suggest that a physician try, in matters relating to fees, to the best of his ability to insure justice to the patient and himself and respect for his profession.

In the opinion of the Council, this section cannot properly be interpreted to mean that a physician or a group of physicians must fix average fees to be increased or reduced according to the patient's economic status, nor to imply that an arbitrary sliding scale of fees is to be adopted and applied individually or by the profession. It may not be used to justify an excessively high fee or to approve an inadequately low fee.

The Council feels this subject is important enough to add the comment that the physician can obviate many fee-complaints (and consequent ill-will) by discussing fees with his patient so that the patient may understand and appreciate the value of the service for which the fee is paid.

GUIDELINES REGARDING IMMUNIZATIONS

Recently while discussing the subject of immunizations, the Trumbull County Medical Society adopted some guidelines for the future. Among them were the following which are sensible and workable; could be examples of what may be done in many other counties:

When advance information concerning a newly developed vaccine is released to the public, there should be a meeting of the committee of the medical society with local representatives of major drug houses to discuss distribution and priorities if indicated.

When a new problem involving the question of "mass immunization" arises, there should be a meeting of a committee of the local medical society with members of the Trumbull County Manufacturer's Association and the Warren Chamber of Commerce in order to agree upon a public information program and immunization procedure.

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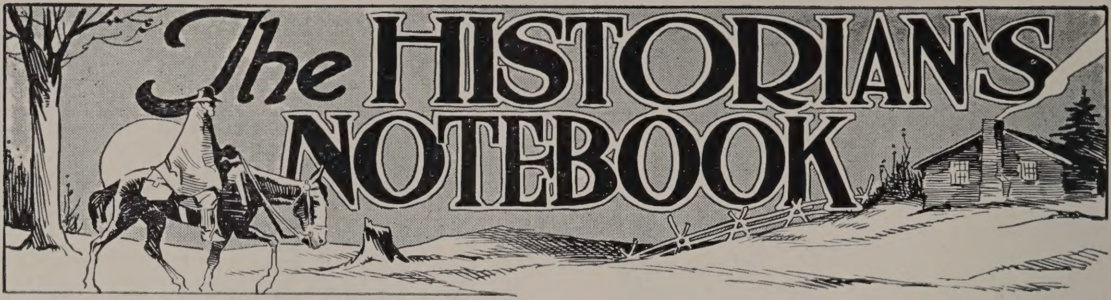

Dr. Frederick C. Waite's Correspondence With Reference to Grave Robbery*

LINDEN F. EDWARDS, Ph.D.

PART I

DR. FREDERICK C. WAITE at the time of his death was Professor Emeritus of Histology and Embryology of the School of Medicine of Western Reserve University, and a nationally recognized authority on the history of medicine, especially pioneer medical education in United States. He was a charter member of the Ohio Committee on Medical History and Archives, which was organized on May 12, 1938, and which was the antecedent organization of the present Ohio Academy of Medical History, to which Dr. Waite was elected an honorary member in 1953. Following his retirement Dr. and Mrs. Waite made their home in Dover, New Hampshire, where his death occurred on March 30, 1956, at the age of 86.

For several years prior to his death the writer enjoyed the stimulating experience of carrying on a correspondence with Dr. Waite, who always very graciously and quite generously would reply to some query bearing on an aspect of medical history. Anyone who ever enjoyed the privilege of conversing with him relative to some topic dealing with medical history can well appreciate the wealth of ready information which he commanded on this subject. He expressed himself with equal fluency in his letters, which are veritable treasures of medical history, especially on the subject of grave robbing.

While collecting material for a manuscript on the subject of Resurrection Riots in the United States, an inference was encountered to such an episode occurring at Willoughby Medical College and I wrote to Dr. Waite to inquire if he could provide me with any details of the affair or give me a reference I could consult. Within two days I received from him a two-page, single spaced, typewritten letter in which he cited several examples of dissection riots.

The Author

● **Dr. Edwards, Columbus, is Professor of Anatomy, The Ohio State University College of Medicine.**

In reply to my query he stated, "I have no information about any riot at Willoughby. There were two disturbances over dissecting at Willoughby both in 1842. In the first, some of the students got a local nit-wit into the dissecting room and told him they were going to dissect him. In trying to place him on a table he wrenched away from the students and ran and jumped through a closed window landing on the frozen ground 20 feet below with two broken legs and numerous cuts about the head by the glass. The second was when the body of a fairly prominent man was resurrected and found at the college. The records of the trustees (now at Western Reserve Historical Society) allude to recent 'disturbances' but give no details."

I had mentioned that I had searched through several northern Ohio newspapers published during the 1840's for some reference to the riot and in reply to my statement he said "The fact that newspapers give nothing definite is not

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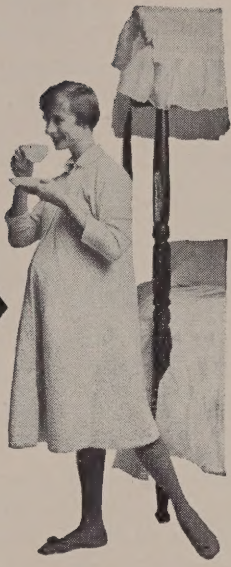
*A paper read at the Fifth annual meeting of the Ohio Academy of Medical History, Cleveland, Ohio, April 26, 27, 1957.



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References: 1. Groskloss, H. H., et al: Clin. Med. 2:885 (Sept.) 1955. 2. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957.

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phosphate-free calcium, 10 essential vitamins, 8 important minerals. Bottles of 100.

*due to calcium-phosphorus imbalance

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good negative evidence because in all parts of the country editors recognized the necessity of dissection in medical teaching and soft pedaled any references to grave robbing. This also applied to judges when students were arrested for grave robbing. Convictions were few and when convicted a nominal fine of $5.00 was imposed. I have, however, one instance where a heavy fine was imposed and another where two young men were sentenced to the penitentiary."

He enclosed a reprint of one of his papers which described a grave robbing episode at Ipswich, Massachusetts, in 1818, and in his letter he commented that the occurrence could hardly be called a riot, but had several interesting features, including the fact that the empty coffins stood on end in the cemetery during several weeks and the trial of the accused doctor resulted in the largest fine he had ever read about for grave robbing.

The Cleveland Dissection Riot

Two days following the receipt of this letter I received another one from Dr. Waite, four pages of afterthoughts, as it were, including a detailed account of a dissection riot in 1852 at the Cleveland Homeopathic College which was located at the southeast corner of Ontario and Prospect Streets, the present location of Richmond Brothers clothing store. This is illustrative of Dr. Waite's generous and kind cooperation. As he stated in a footnote "I see from the program of the Ohio Academy of Science that you are going to give a paper on this subject at Granville on the 22nd. Since your time is short, I have copied Beckwith's description of the Cleveland mob of 1852 and inclose it."

He cited several references for me to consult concerning this episode and added "What is not mentioned is that the authorities of the Medical Department of Western Reserve College feared the mob would attack that institution. Sixty muskets and ammunition were obtained from the nearby arsenal and Dr. John Delamater, the dean, then 65 years of age, stood on the front steps with musket in hand and his white hair blowing in the wind with his armed students behind him ready to repel effectively any attack by the mob. This medical college was about a half mile from the homeopathic college but only one block from the home of Professor Williams which was threatened and had the mob attacked the Williams house they would probably have gone on to the other medical college.

"I have wished I had the artistic ability to draw a picture of Delamater on the porch of the medical college with white hair and musket. Several of these students had been in the Mexican war and had the mob attacked there would have been more action than reading the riot act. I talked to one of our graduates many years ago who was one of the armed students backing up Dr. Delamater. He said some of the students hoped the mob would attack so that they could renew their practice with powder and ball and bayonet."

In his former letter he had stated that Norwood refers to a riot at Pittsfield, Massachusetts, in 1820. In his second letter he said that he had tried to verify Norwood's statement which he thought was exaggerated and should not be listed as a riot. He then gave his own interpretation of the affair according to his knowledge of it. It concerned the discovery that the body of George Butler, Jr., a respectable young man with numerous relatives had been stolen from its grave.

"Young Butler died in November 1819, and during the ensuing winter his mother constantly dreamed that his grave was empty . . . . When one of her surviving sons early in May opened his brother's grave he found that the body had been removed . . . . Almost every person in Pittsfield, men, women and children, as well as many neighboring towns went to gaze, shuddering, into the gaping grave, which was purposely left open all summer exposing its shattered and tenantless coffin to remind the spectators of the most shocking circumstances of its desecration."

Dr. Waite pointed out that this was only two years after the coffins in the Ipswich cemetery were stood on end, a circumstance that must have been known in Pittsfield, and, moreover, it was not a resurrection in connection with a medical college because it took place two years before the founding of the Pittsfield Medical College and the nearest medical school at that time was 150 miles away.

(To Be Concluded in May Issue)

Dermatological Society Is Named for Noah Worcester, Author of Textbook

The Noah Worcester Dermatological Society, a new organization formed by the Department of Dermatology of the University of Cincinnati College of Medicine, (See page 376, March issue of *The Journal*), has been named for the author of the first American textbook of Dermatology, *A Synopsis of the Symptoms and Treatment of the more Common and Important Diseases of the Skin.* Dr. Worcester occupied the chair of Physical Diagnosis at the Medical College of Ohio in Cincinnati and later filled the Chair of Pathology, Physical Diagnosis and Diseases of the Skin at the Cleveland Medical School. His textbook was printed in Cincinnati in 1850.

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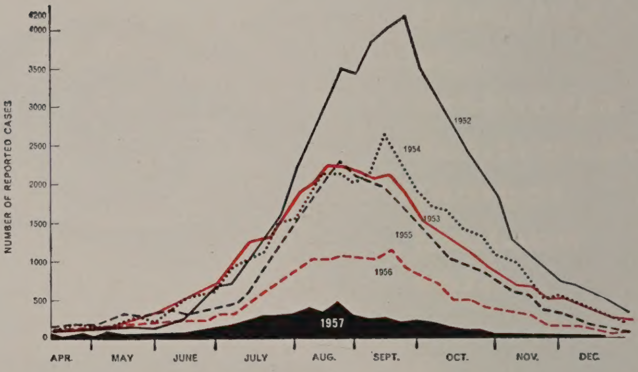
A MIRACLE IN OUR TIME ?

At the last accounting,[1] physicians throughout the country had administered at least one dose of poliomyelitis vaccine to 64 million Americans—all three doses to an estimated 34 million. Undoubtedly, these inoculations have played a major part in the dramatic reduction of paralytic poliomyelitis in this country.



Incidence of polio in the United States, 1952-1957
(data compiled from U.S.P.H.S. reports)

vaccine is plentiful for the job remaining

There are still more than 45 million Americans under forty who have received no vaccine at all and many more who have taken only one or two doses.

As it was phrased in a public statement by the Department of Health, Education, and Welfare:

> "*It will be a tragedy if, simply because of public apathy, vaccine which might prevent paralysis or even death lies on the shelf unused.*"[2]

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[1] *J. A. M. A.*, 165:21 (*November 23*), *1957.*

[2] *Department of Health, Education, and Welfare: News Release, October 10, 1957.*

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Management of Peripheral Arterial Embolism

RAYMOND J. KRAUSE, M.D., and JOHN J. CRANLEY, M.D.

PERIPHERAL arterial embolism is a prime example of a "medico-surgical" emergency, in that proper treatment demands full use of both medical and surgical therapeutic measures. The fact that nine unsuccessful attempts were made to remove an arterial embolus surgically before Labey [1] succeeded in 1910 attests to the compelling logic of the surgical removal of arterial emboli. In the next 30 years, many successful embolectomies were performed; nevertheless, the surgical treatment of arterial embolism remained little more than a delaying tactic until anticoagulant therapy became fully available, providing both definitive and prophylactic management through the use of a combination of methods.

In addition to its usefulness in the prevention of recurrent embolism, anticoagulant therapy (heparin) is of inestimable value in preventing or delaying propagation of the clot distally following lodgement of the embolus. Distal propagation of the clot and the formation of new soft clot in the suddenly quieted arterial bed is believed to be the most important factor determining survival of the patient or the extremity after embolization. Immediate removal of the embolus prior to the occurrence of secondary thrombosis is, of course, ideal; but in practice this ideal is seldom attained. If the operation cannot be performed within four hours after the patient is seen initially, heparin 50 mg. intramuscularly or intravenously will greatly fortify the chances of successful surgical treatment.

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Twenty-five patients having 30 peripheral arterial emboli were treated between August 1952 and October 1956. Eighteen emboli occurring in 15 patients were removed surgically; five embolisms were treated with anticoagulant agents without surgery; and in 7 instances, no specific treatment was given.

In 29 instances, the site of lodgement of the embolus could be determined precisely: (Table 1).

TABLE 1.—*Site of Lodgement*

Artery	No. Extremities	Per Cent
Femoral	14	49
Iliac	7	24
Popliteal	4	14
Brachial	2	7
Ulnar	1	3
Aorta	1	3
Total	29	100

Analysis of larger series[2,3,4,5,6] reveals that approximately 80 per cent of peripheral arterial emboli that affect an extremity lodge in the aorta, iliac, femoral or popliteal arteries. The significance of this high indidence can be fully appreciated when it is realized that death, amputation or severe incapacitation are to be expected following

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From the Department of Surgery of the Good Samaritan Hospital, Cincinnati, Ohio.

lodgement of an embolism in these arteries if untreated, whereas such complications are less likely to occur following occlusion of an artery in the upper extremity or below the knee.

Origin of the Embolus

The heart was the site of origin of the embolus in 24 of the 25 patients in our series. In one instance, the presumed site of origin was an abdominal aortic aneurysm. Of the 24 patients with known heart disease, 20 had auricular fibrillation; three were recovering from a recent myocardial infarction; and one had severe cardiac decompensation.

Time Interval Preceding Embolectomy

In 1923, after analyzing his own 11 embolectomies plus 51 cases from the world literature, Key[3] noted that none had been done successfully more than 24 hours after lodgement of the embolus. He further concluded that the prognosis of embolectomy was quite favorable during the first 10 hours but that after this period, it rapidly became less favorable. He added the comment, however, that "no set time before gangrene occurs can be given: one must be prepared for great individual differences."

Several authors reporting series of embolectomies[2,3,5,7] have noted an occassional successful outcome many hours after lodgement of the embolus. For example, Warren and Linton[2] reported one with good result 60 hours after embolization. Recently, this aspect of the problem has been reemphasized by Shaw[8] and Crawford,[9] who reported removing not only the embolus but the large distal propagating clot from arteries long after the commonly accepted period of surgical operability.

Our experience has been similar to theirs. One artery was cleared as late as 48 hours after lodgement of the embolus (cf. table 2). Therefore, it seems clear that no patient should be denied an opportunity for surgical treatment on the basis of elapsed time alone. As long as there is no obvious gangrene of the skin, profound rigor mortis of the muscles, or muscle necrosis as evidenced by swelling and induration over the muscle bellies, embolectomy should be attempted.

TABLE 2.—*Results of Embolectomy*

Elapsed Time in Hours	No. Extremities	Success	Failure	Death
6 or less	5	4	0	1
6 to 12	5	2	1	2
12 to 24	5	1	1	3
30	1	1	0	0
36	1	0	1	0
48	1	1	0	0
Total	18	9	3	6

TABLE 3.—*Correlation of Site of Embolus and Result of Embolectomy*

Site of Embolus	No. Extremities	Success	Failure	Death
Femoral artery	12	6	2	4
Iliac "	3	2	0	1
Popliteal "	2	1	0	1
Brachial "	1	0	1	0
Total	18	9	3	6

Technique of Embolectomy

Spinal anesthesia was used in most of the 15 operative patients. When the embolus lies in the aorta or iliac artery, it is exposed by a retroperitoneal or low abdominal incision. The femoral and popliteal arteries are exposed by longitudinal incision. The incision is made large enough for the operative technique to be performed with ease. Proximal and distal control of the artery must be obtained before it is opened. This not only controls hemorrhage, but the distal occluding clamp prevents fragments of the clot from breaking off and embolizing secondarily to the distal arterial tree. The arteriotomy incision is usually made just below the embolus or over its most prominent portion. In this way, the arterial pressure from above will usually expel the clot, so that manipulation is unnecessary.

Clots in the distal segments of the artery are removed by a gentle milking pressure with the finger. If this does not suffice, the artery is opened lower down in the limb and flushed out in a retrograde manner with saline solution. In one instance, a cast of the entire superficial femoral artery from the popliteal space to the groin was flushed out in one piece, in this way.

A weak solution of heparin is used locally to prevent thrombosis and eliminate the air in the artery before closure. A solution of 10 to 15 mgm. of heparin in 100 cc. of saline has been found to be effective. Meticulous hemostasis is obtained before closure and the patient is then started on aqueous heparin 50 mgm. every four hours. If the patient has received 25 to 30 mgm. of heparin during the procedure, then the first dose is given four hours after closure. Oral anticoagulant therapy is started the following day and when the prothrombin time is less than 20 per cent of normal, the heparin is discontinued.

Conservative Treatment

As pointed out by Key in 1923,[3] the most important factor in determining the survival of the limb following lodgement of the embolus is the extent of the propagation of the clot. It is most probable that the spontaneous recovery rate would be high, were it not for this factor. Therefore, heparin is the drug of choice if the patient is to be treated medically.

Lumbar sympathetic blocks have not been used in any of our patients and are believed to be contraindicated, first because of the danger of hemorrhage if the patient is receiving anticoagulant therapy, and secondly because it is believed that if arterial spasm exists, it is of the intrinsic variety, and would not be influenced by automatic nervous system paralysis. It is true that a lumbar sympathetic block would eliminate the normal tone of the arterioles, and therefore augment the total blood flow to the extremity; but in the event of widespread thrombosis, this would not be a sufficient increase in blood flow to preserve the limb. And if widespread thrombosis did not occur, it would not be necessary.

Four patients were treated with heparin. One of these had a myocardial infarction as the source of the embolus and died shortly after lodgement of the embolus. In three instances, treatment was successful, in that the limb survived. In two of these, however, there is no doubt that the patient would have had severe intermittent claudication, had they been well enough to be ambulatory.

The major objection to treatment of all patients with heparin is not that it would not be successful in a certain number of cases, but because of the difficulty in predicting the cases in which it would prevent ischemic necrosis of the limb. And furthermore, the surviving limb may have very severe functional disability despite the fact that the collateral circulation is sufficient to keep it alive. Finally, anticoagulant therapy, although effective and highly useful, may at times expose the patient to a greater risk than surgical therapy.

In seven instances, no specific treatment was given. These patients were seen too late to initiate treatment. Among these, there were four deaths and three major amputations.

Summary

Peripheral arterial embolism is a prime example of a medical and surgical emergency. The basic pathology as far as the peripheral circulation is concerned is twofold: the embolus itself and the thrombosis in the arterial tree distal to the embolus. Therapy should be directed toward prevention of distal thrombosis, early removal of the embolus, and prevention of recurrent embolization. As long as the limb is not overtly gangrenous, embolectomy should be considered because recent experience has demonstrated the feasibility of clearing the arterial tree even two or three days following lodgement of a major arterial embolism.

References

1. Labey. Cited by Mosny, M., and Dumont, N. J.: Embolie Fèmorale au cours d'un Rètrècissement Mitral Pur. Artèriotomie. Guèrison. Bull. Acad. de mèd., **66**:358-361, 1911.

2. Warren, R., and Linton, R. R.: The Treatment of Arterial Embolism. New England J. Med., **238**:421-429, 1948.

3. Key, E.: Embolectomy in the Treatment of Circulatory Disturbances in the Extremities. Surg. Gyn. & Obst., **36**:309-316, 1923.

4. Petitpierre, M.: Über Embolektomie der Extremitatenarterien. (Eine Zusamenstellung und ein Beitrag von 12 Fallen). Deutsche Ztschr. f. Chir., **210**:184-238, 1928.

5. Danzis, M.: Arterial Embolectomy. Ann. Surg., **98**:249-272 and 422-437, 1933.

6. Haimovici, H.: Peripheral Arterial Embolism of Extremities. Angiology, **1**:20-45, 1950.

7. Pearse, H. E., Jr.: Embolectomy for Arterial Embolism of the Extremities. Ann. Surg., **98**:17-32, 1933.

8. Shaw, R. S.: A More Aggressive Approach Toward the Restoration of Blood Flow in Acute Arterial Insufficiency. Surg. Gyn. & Obst., **103**:279-288, 1956.

9. Crawford, E. S., and DeBakey, M. E.: The Retrograde Flush Procedure in Embolectomy and Thrombectomy. Surgery, **40**:737-746, 1956.

Franklin County Pelvic Cancer Delay Committee Report

By JOHN H. HOLZAEPFEL, M. D.
Columbus, Ohio, Chairman

Following is a summary of cases presented before the Franklin County Pelvic Cancer Delay Committee on Wednesday, February 19, 1958. The meeting was held at the Columbus City Health Department.

Case No. 53. This is a 66 year old white female with carcinoma of the endometrium found in surgical specimen two years ago. Hysterectomy done because of bleeding. Bleeding recurred two weeks ago. Pelvic examination two weeks ago revealed carcinoma growing down the upper one third of the vagina. Diagnosis is recurrent endometrial carcinoma in vaginal vault. Patient has irradiated carcinoma.

Comments: Physician delay 48 months. Preliminary dilatation and curettage should be done prior to surgery if endometrial carcinoma is to be detected.

Case No. 54. Patient is a 52 year old white female. She is a cancerphobiac and has been having periodic pelvic examinations with papanicolaou smears every six months. Three months ago pelvis reported normal, negative. Three weeks ago patient developed lower abdominal discomfort. Diagnosis of uterine fibroids made. Has had increasing pelvic mass from two times normal size uterus to uterus size of four months pregnancy in a period of one week. Currettments diagnosed as sarcoma. Laparotomy revealed inoperable sarcoma with total abdominal metastasis.

Comments: Physician delay, none. Patient delay, none. This represents the maximum in attempt to prevent development of far advanced cancer, but a minimum of favorable prognosis due to the tremendous malignancy of this sarcoma. It was neither the patient's nor the doctor's delay which caused this poor outlook—it's the nature of the beast.

Trauma and Cardiac Disease

The role of trauma in causing cardiac disease is limited. Most of the controversy stems from the relation of coronary disease and work. Recent pathologic studies indicate that the fate of a patient with arteriosclerotic heart disease may well depend on the demands made on the myocardium at critical times—David Roth, M. D., Patterson, N. J.: *J. M. Soc. New Jersey,* 55:10, January, 1958.

Principles of Anorectal Surgery, Re-Defined

W. H. HAMILTON, M.D., and C. H. HAMILTON, M.D.

AT intervals it is well to re-evaluate surgical procedures of any kind. This is an age of rapid change and certainly medicine is no exception. However, it is our contention that certain basic principles exist in surgery that must be followed to obtain satisfactory results. In proctology, there are not only the general principles to be followed as in any field of surgery, but also specific principles peculiar to the anorectal tract which need to be observed to give the best results. It is our purpose to emphasize the principles which have proved successful over many years.

There is a continuing need to stress the guiding principles in any field of medical endeavor. A distressing number of patients referred to our office have persistent symptoms despite one or more previous rectal operations. We feel these poor results are based upon inadequate knowledge of the anorectal anatomy and pathophysiology or inability to apply the knowledge effectively.

We hope this paper will be of some aid to those who deal with anorectal surgery. The principles are six in number and will be presented separately.

I. Thorough Diagnosis

A complete knowledge of the normal anatomy of the anorectal tract must exist in the mind of the physician. Only in this way can pathologic states be recognized and subsequently treated effectively. Our British colleagues have been responsible for describing the practical applied anatomy of the anal canal. Milligan and Morgan's initial article[5] is probably the most widely known and frequently referred to. Recently another group[4] from St. Marks Hospital has brought out some interesting points which vary from Milligan and Morgan's classical paper.

All patients with bowel or rectal complaints should have a digital examination, an anoscopic examination and sigmoidoscopic visualization of the upper ampulla and rectosigmoid junction. Certain selected cases and all cases over 40 require barium enema x-ray studies. End results of treatment depend on a complete knowledge of existing pathology.

We should like to emphasize the importance of a gentle approach to examination of these patients. Attempts by the physician to perform a painless examination are greatly appreciated by these people who frequently have suffered for long periods before consulting a doctor. It is important to point out that the thoroughness of an examination should never be compromised. If the patient is too tender to examine at the initial visit, the physician should place him on local conservative measures and analgesics and carry out an adequate examination at a later date. Attention to the patient's comfort in the management of these cases from the initial visit, to the last postoperative checkup is one of the biggest assets in any practice, for these people practically never forget this considerate approach and are prone to comment upon this to other patients.

In cases which require surgery, a discreet choice of operative time is imperative. Just as in cholecystitis or diverticulitis, inflammatory reactions should be managed conservatively before operation is attempted. Tissues are much more amenable to corrective surgery after inflammation has subsided. It should be mentioned that abscesses adjacent to the anus or rectum are difficult to localize when antibiotics are being utilized. We do not advocate antibiotic therapy except in stubborn infections following adequate surgical drainage or in frank cellulitis. Antibiotics will never replace good basic surgical principles.

A period of conservative therapy frequently will obviate surgery. Following this principle is valuable, in that excessive normal tissue is not removed during an acute stage. This is especially true in patients with hemorrhoidal prolapse with associated marked edema and congestion. Many unnecessary hemorrhoidectomies are performed due to poor choice of operative time. A good example is the female who is immediately postpartum. However, we do not recommend any delay in cases of prolapsing thrombotic necrotic hemor-

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Read before the American Proctological Society Meeting in New Orleans, La., April 25, 1957.

rhoids. This situation demands immediate surgical intervention. If the findings are primarily those of a marked congestion without ulceration or necrosis, and the patient responds to rest, heat and analgesia, then surgery is best delayed for several days.

Accurate diagnosis of, and prior treatment of conditions contributing to or aggravating anorectal pathology is necessary. Perineal or pelvic relaxation, prostatic hypertrophy, and chronic pulmonary disease with cough should be treated before good results can be expected with proctologic surgery.

We have found two maxims to be of great assistance to us in our practice in evaluating patients for treatment.

First, do the patient no harm.

Second, operate only if you feel the patient can be benefited.

II-a. Conservation of Essential Tissues

The mucous membrane or lining of the anorectal tract is the most valuable tissue in the area. Once removed, it does not regenerate. It is replaced or bridged over with granulation or scar tissue. It is necessary to remove enough of this tissue in a hemorrhoidectomy to relieve symptoms, but if too much is sacrificed stricture and a tendency for ulceration and abscess formation result. It is this problem which develops when the occasional operator or the untrained physician attempts a proctologic procedure. What appears to be a simple operation on the surface becomes a problem-laden tragedy for the doctor and patient. Who suffers the most? The patient! An optimum amount of tissue must be removed to get the best result. The general rule should be—if in doubt, do not dissect further. It is far better to not remove enough tissue than it is to resect too much.

II-b. Obliteration of Diseased or Useless Tissues

Thorough obliteration of diseased areas is necessary to cure the patient completely. As we all know treatment for fistulae-in-ano is often inadequate. This appears to occur for several reasons. First, the operator may feel insecure about dissecting through muscle tissues to completely remove the tract. Second, the complexity of multiple-plane fistulae is ignored. J. E. Dunphy[3] has summarized the important points regarding diagnosis and treatment of fistula-in-ano.

We would emphasize the importance of incising a sphincter muscle ring at right angles, not obliquely. The least dangerous place to incise the sphincter is in the posterior mid-line. When it is necessary to split the muscle, the ends may be loosely sutured and re-approximated after the diseased area is removed. Thus a thin block scar forms and wide retraction of the muscle at that point is not permitted. The normal mucous membrane may then be drawn over the repaired muscle after the internal opening has been dissected out and a smooth lining obtained.

Attention to adequate drainage to the outside with healing of the tract bed from the bottom up is important. A two stage procedure should be utilized for tracts running deep to the entire muscle ring. It is generally a bad practice to pack the bed of a fistulous tract open. If any inert material is left in the area of dissection it should be removed in no more than 24 hours.

If certain of these basic principles are followed the blight of postoperative stricture and its antithesis, incontinence, will be vastly reduced.

III. Plastic Reconstruction—Including Replacement of Displaced Tissues

As was mentioned before, many of the cases which are referred to the proctologist are for complications which have occurred following other operative procedures. The majority of these cases truly need a plastic reconstruction to regain a semblance of normal anatomy and function.

The biggest problem is usually a dearth of the valuable lining substance of the low rectum and anal canal. Thus a plea is made for the judicious use of mucous membrane. Hemorrhoidal tissue should be removed in such a way that the mucous membrane may be sutured over the sphincter muscle without tension. Allowance for the contraction which occurs during healing must be made. Otherwise a functional stricture will result.

In performing a rectoplasty several pathologic states may have to be dealt with simultaneously. In removing a hemorrhoidal segment and a fistula-in-ano in the same quadrant the dissection is begun externally and carried up to the anorectal line to completely remove the diseased areas. The crypt bearing portion is removed and the rectal mucosa is brought down over the sphincter muscle to the subcutaneous fascia, thus forming a new mucocutaneous junction. The newly reconstructed line bears no crypts and therefore is less vulnerable to the development of pathologic states which are prone to occur on this basis.

Dissection should be performed in radial lines projecting out from the central point of the anus like the spokes of a wheel. This is best for two reasons. First, there is less tendency to remove excessive wedges of tissue circumferentially which would result in stricture. Second, as healing progresses the tissues are elevated back to normal position without constriction of the lumen and without incarceration of the sphincter into inflexible bands of scar tissue.

Severe hemorrhoidal prolapse drags the sphincter muscles down with it, causing an actual ptosis. Careful dissection of the lowermost margin of the sphincter muscle from the interior of the pile can be carried out with the thermal knife, and the mucosal margin anchored in such a way that it acts as a sling or hammock for the sphincter muscle. This replaces the muscle back to a normal position. Patients describe a new feeling of suspension by the time they receive their six weeks' postoperative checkup in the office.

IV. Effective Surgical Drainage

Attaining adequate surgical drainage is a basic principle in any field of surgery, but in proctology it assumes cardinal importance. Since the anorectal area cannot be made sterile before or after surgery, effective surgical drainage must be established in the operating room to assure a satisfactory end result in the shortest time.

Attention to good hemostasis and formation of satisfactory drainage pathways to the outside will minimize postoperative edema, will prohibit pocketing of potentially infected serum and exudate and subsequent abscess formation and thereby will reduce postoperative pain.

Perianal and ischiorectal abscesses must be incised widely and means instituted to promote drainage until the tissues return to normal softness. Poor drainage from inadequate incisions cause delay in healing and excessive scarring.

Frequent inspection of the operative site is necessary to keep drainage pathways open. It is necessary for sinuses left following fistulectomy to heal from the bottom. Bridges of granulation form rapidly between tissue margins. Granulation may be gently trimmed or cautiously cauterized with silver nitrate where necessary. Penrose drains, gauze wicks, and medicated pads will never substitute for frequent inspection by the physician.

V. Requisites in Operative Technique

Satisfactory exposure of the operative field makes the difference between success and failure in any surgical procedure. We prefer the prone modified jack-knife position as does Swinton at the Lahey Clinic. The buttocks may be easily spread with wide adhesive straps to aid exposure. The surgeon is in a relaxed position and the assistant does not tire so easily. Exposure must not only be gained, but maintained else the end result of the operation is compromised.

Regional anesthesia is the type best suited to most proctologic procedures. Either caudal or low spinal is acceptable. Adriani[1] has recently given an excellent summary of the many advantages of regional anesthesia and the agents available for use. The surgeon should always be attentive to the possibilities of hypotension caused either by dropping the patient's lower extremities down during regional anesthesia or by local anesthetic reactions. It is preferable if a needle is always kept in a vain ready for emergency administration of a vasopressor should the situation arise. Our anesthesia staff has been alert and well aware of the necessity for maintaining a good airway with the patient in the prone position.

We would emphasize the need for minimal tissue trauma. Frequently in the anorectal inflammatory conditions, tissues are extremely friable and must be handled with great care. Generally speaking small atraumatic clamps should be used. There is no need for large crushing instruments. Atraumatic chromic catgut may be put to excellent use in anorectal surgery. This does away with large shanked needles which tear tissues while penetrating them. Moistened sponges are less traumatic than dry ones.

We have used the thermal knife with a great deal of success. This provides a relatively bloodless field, thereby improving visualization of structures. It is much less traumatic than the electro-cautery which may devitalize deeper tissues without the operator being aware of it.

We mention the long acting oil anesthetics only to condemn them. These agents are meant to give relief from postoperative discomfort for the period of convalescence. However, they frequently remove all sensation permanently. As Adriani[1] and others have pointed out, these local anesthetics are necrotizing and neurolytic. Reports of severe postoperative abscesses and sloughs have made it necessary for many surgeons to discontinue use of the drugs. We have found lidocaine (Xylocaine®) to be of considerable value for local infiltration. It has excellent spreading action and is not destructive to tissue.

Finally, we feel it is unwise to plug the anus with a large calibre pack at the end of a rectoplasty. This merely causes the patient unnecessary discomfort from sphincter dilatation and does little to add to the hemostasis. A small Penrose drain or vaseline gauze wick left in the anal canal will permit drainage of mucus and passage of some gas without adding to the patient's difficulties. A pressure dressing applied to the operative site from below with wide adhesive strapping lifts the anorectal area and promotes hemostasis. This is removed in 12 hours.

VI. Postoperative Care

The key to a successful, uncomplicated postoperative course is frequent, regular inspection. The surgeon can in this way recognize incipient difficulties early and prohibit extension of morbidity. Nesselrod[6] has recently pointed out the importance of this principle.

Following anorectal surgery pain is generally severe. This must be recognized and measures taken to minimize the discomfort. Patients are highly appreciative of the physician's efforts to relieve pain. We feel that analgesics should be utilized in liberal quantities the first 48 to 72 hours, then gradually reduced as necessary. Morphine and Dilaudid® remain the most effective drugs for relief of pain. We have found promazine derivatives of supplementary value in certain cases where doses of narcotics must be limited or in patients with low pain threshold or severe psychoneurotic tendencies.

Swinton has emphasized the value of early application of moist heat to reduce sphincter muscle spasm. We utilize a routine which calls for frequent warm applications of mild astringents the first day following surgery, supplemented with Sitz baths the second day. Then both are continued until healing is well along. These treatments not only reduce spasm but promote drainage and cleanse the operative site without irritation.

Cantor[2] has presented experience with the oil soluble anesthetics in office proctology. We feel there are definite disadvantages to the use of these agents. Not only may they be destructive to tissue, but by rendering the operative area insensitive they may permit the patient to try things from which he would normally refrain. Too early ambulation and return to work may cause extensive bleeding, excessive edema and breakdown of a satisfactory rectoplasty. We feel the majority of patients deserve hospitalization and benefit more from an operative procedure in a well equipped and adequately staffed surgical suite than they do from an office procedure without a closely followed postoperative course.

The surgeon should suggest methods to help the patient attain normal bowel regulation without trauma following surgery. During the healing stage small doses of mild laxatives and lubricants may be used to accomplish passage of a fairly solid stool without pain. Adequate water intake is required to keep the bowel and stool hydrated. The patient can be taught to insert a glycerin suppository gently with a well lubricated finger cot and simultaneously massage and dilate the anal ring. This is preferred over the anal dilator, which is traumatic and may be intensely painful.

The surgeon should not discharge these patients from the hospital too soon. Because the patient has had one or even two bowel movements means essentially nothing. Many of these people spend miserable hours and days at home following a premature release. Their postoperative course must be followed closely and observed frequently as to progress of healing, the patient's ability to regulate his bowel action, unusual bleeding or discharge, abnormal complaints of pain and the like. As a general rule a week is the minimum time required for satisfactory convalescence. Cases with more extensive pathology must be retained longer. The art of medicine must be practiced as well as the science of medicine. Physicians who are considerate of their patient's overall welfare will be overwhelmingly rewarded for their efforts.

We have attempted to present the basic principles of proctologic surgery and show how they have contributed to a successful practice. We hope these principles will prove valuable to those who are currently dealing with or who will be treating anorectal disease.

Bibliography

1. Adriani, John: Regional Anesthesia for Ano-Rectal Surgery. Surg. Clin. North America, October 1955, pp. 1449-1455.
2. Cantor, A.: Office Proctology. Med. Clin. North America, September 1955, pp. 1531-1550.
3. Dunphy, J. E.: Fact and Fancy about Fistula-in-Ano. Surg. Clin. North America, October 1955, pp. 1469-1477.
4. Goligher, Leacock, and Brossy: Surgical Anatomy of the Anal Canal. British J. Surgery, 43:51-61, July 1955.
5. Milligan and Morgan: Surgical Anatomy of the Anal Canal and Operative Treatment of Hemorrhoids. Lancet, 2:1119-24, November 13, 1937.
6. Nesselrod, J. P.: Post-operative Anal Contracture. Surg. Clin. North America, October 1955, pp. 1483-86.
7. Swinton, N. W., and Mumma, J. F.: Treatment of Hemorrhoids. Surg. Clin. North America, June 1956, pp. 761-772.

The Thyroid Factor in Multiple Sclerosis

In a small series of eighteen cases of multiple sclerosis, ten of whom had a thyroidectomy, degenerative changes in the thyroid were found in all ten.

A case report is given of a nurse with suggestive amyotrophic lateral sclerosis symptoms and signs, whose one brother died of multiple sclerosis at the age of 35 and another recently died at the age of 54 with amyotrophic lateral sclerosis. Two sisters and a brother, as well as a niece, had a thyroidectomy for goiter. Other cases of multiple sclerosis are cited with a duoparental goiter background and an offspring eliciting multiple sclerosis.

It is suggested that the selective action of the thyroid on ectodermal tissues would explain the loss of the ectodermal myelin sheath or neurilemma, the primary step in the pathology of multiple sclerosis.

A large series of multiple sclerosis cases is necessary to substantiate or disprove the hypothesis advanced in the article.—Robert C. Moehlig, M. D., Detroit: *J. Michigan M. Soc.,* 57:247, February, 1958.

Renal Colic Due To Necrotizing Papillitis

ARTHUR A. ROTH, M. D.

IN 1877 Von Friedreich, a pathologist, described the first case of renal papillary necrosis, proven by postmortem study, in a 70 year old man with prostatic disease and hydronephrosis. For many years thereafter this entity remained a postmortem finding. In recent years, Gunther primarily and others have shown that this condition was frequently found in persons dying of diabetes with associated urinary infection. More recently still it has been demonstrated that patients having this comparatively rare form of renal disease may not have diabetes, they may recover from it and occasionally the presenting symptom may be renal colic due to the passage of renal papillae down the ureter. This condition has been described under a variety of terms such as "Necrosis of the Renal Papillae," "Papillary Necrosis," "Necrotizing Renal Papillitis," and "Papillitis Necroticans."

The Author

● **Dr. Roth, Cleveland, is associate visiting urologist, Cleveland City Hospital; senior visiting urologist, Mount Sinai Hospital; chief of Urology, Suburban Hospital; senior clinical instructor in genito-urinary surgery at Western Reserve University School of Medicine.**

Case Report

My patient, a 58 year old white female, was admitted to the hospital as a case of acute abdomen and a tentative diagnosis of acute cholecystitis. Her complaint was that of right upper abdominal and lumbar pain of four days' duration with radiation of the pain to the right thigh, nausea and vomiting. The pain was further described as being intermittent in nature. A cholecystogram showed normal gallbladder function. An intravenous pyelogram showed no visualization of the kidneys. Physical examination showed only tenderness in the right flank.

Laboratory examinations were as follows:

Urine: Slight trace of albumin; Negative for sugar; Specific Gravity, 1013; Microscopic: many white blood cells, 3 to 4 red blood cells, many epithelial cells.

Blood: Blood urea nitrogen, 34 mg. per 100 ml.; Creatinine, 2.6 mg. per 100 ml.; Serologic test for syphilis negative; hemogloblin 9.8 Gm.; hematocrit 34; white blood cell count 9,800; red blood cell count 3,890,000; Phenolsulfonphthalein test 7 per cent in 60 minutes. Glucose tolerance tests were normal.

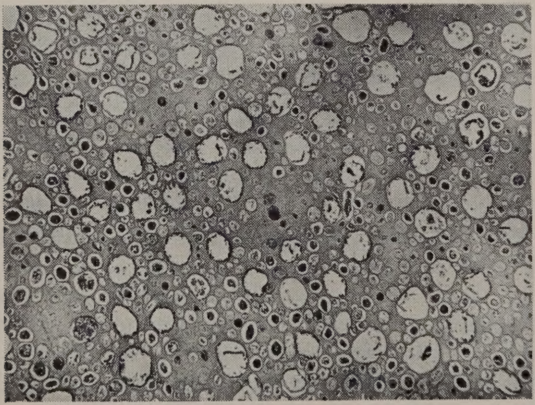


FIG. 1. One of the renal papillae recovered from urine.

Urological consultation was requested and cystoscopy was performed. Floating in the urinary bladder were three small brown fragments which at first I thought were old blood clots. Upon removing them from the bladder I found they had a spongy feel and did not disintegrate. Microscopic sections were made. (See figure 1.) Retrograde pyelograms showed anterior rotation of the left kidney and no evidence of missing papillae on the right side. No growth was obtained on culture from either kidney or the bladder. Urine culture later grew out *Staphylococcus aureus* sensitive to Chloromycetin® and other antibiotics.

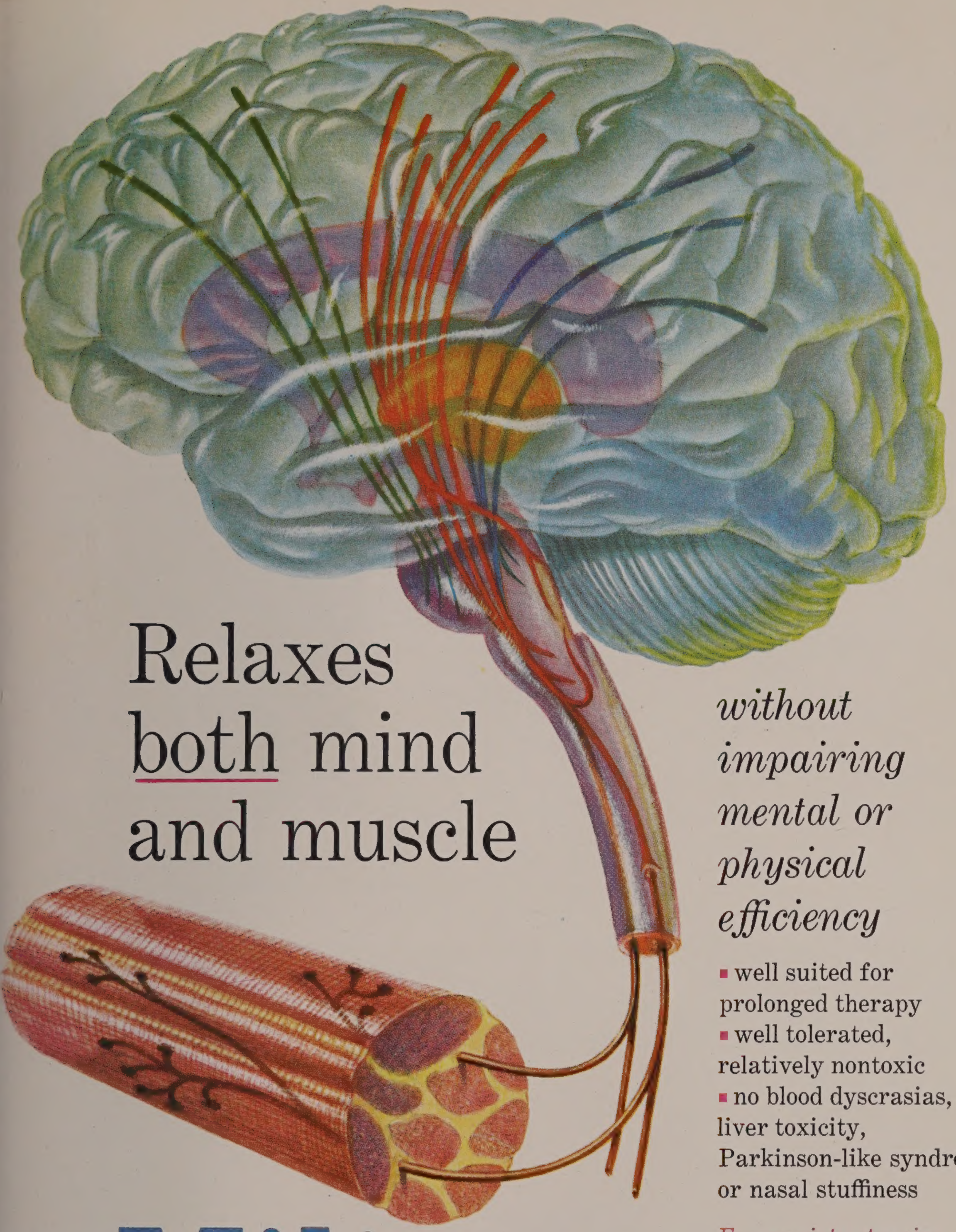
The patient was treated with Chloromycetin and other antibiotics without clearing the infection, so all drugs were discontinued. The specific gravity of the urine varied from 1007 to 1020. She had no more urinary tract complaints and no more papillae were passed. The patient has been followed for 39 months and has had bilateral cataracts removed without untoward incident. Her lowest blood urea nitrogen has been 20.5 mg. per 100 ml.

Discussion

The cause of necrosis of renal papillae in this disease has never been adequately explained. Apparently infection or rather pyelonephritis plays a role in producing an ischemia at the base of the papilla, causing necrosis and sloughing of that structure. It has occurred with and without lower urinary tract obstruction and a case of unilateral renal papillitis due to ureteral obstruction by an aneurysm of the right common iliac artery was described by Cates and Hewer. Necrotizing papillitis is associated with diabetes in the greater number of recorded cases and is more prevalent in women than in men.

Bibliography

1. Von Friedreich, N.: Uber Necrose der Nierenpapillen bei Hydronephrose. Virchows Arch. f. path. Anat., 69:308, 1877.
2. Cates, J. E., and Hewer, T. F.: Renal Papillary Necrosis; Observations on Five Cases. British M. J., 1:1005, May 5, 1956.
3. Gunther, G. W.: Die Papillennecrosen der Niere bei Diabetes. München. med. Wchnschr., 84:1695, 1937.
4. Edmundson, H. A., Martin, H. F., and Evans, N.: Necrosis of Renal Papillae and Acute Pyelonephritis in Diabetes Mellitus. Arch. Int. Med., 79:148, 1947.



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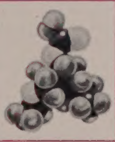

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Three Unusual Cases of Ectopic Pregnancy

Secondary Abdominal; Primary Ovarian; and Rupture Into the Broad Ligament

J. L. STAUF, M. D., J. H. HOLZAEPFEL, M. D., and E. M. NEWKIRK, M. D.

The Authors

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THE following case reports are prompted by the occurrence of an ovarian pregnancy and an abdominal pregnancy. These three patients were admitted to St. Ann's Hospital For Women. St. Ann's Hospital is an Obstetrics and Gynecology Hospital. The admissions on the Gynecology Service from July 1, 1954 to July 1, 1955 numbered 962. There were 3,432 deliveries during this same period.

Of the patients admitted on the Gynecology Service, eleven had ectopic pregnancies found at laparotomy. Eight others were admitted with the diagnosis of possible ectopic pregnancy but were eventually found to have other pathology. Of the eleven with ectopic pregnancy, one was a secondary abdominal pregnancy, one was a primary ovarian pregnancy, and one was a tubal pregnancy which ruptured into the broad ligament and then into the abdominal cavity.

According to Danforth[1] about 70 true primary ovarian pregnancies have been recorded. The incidence of abdominal pregnancy according to Quilliam[3] is one in every 12,500 pregnancies.

Case 1. Mrs. A is a 31 year old gravida II, Para 0, colored female who was admitted August 18, 1954. Her chief complaint was intermittent lower abdominal pain, and recent chills and fever. Her last normal menstrual period was in December 1953. Three days after her expected period in January she experienced severe colicky lower abdominal pain. Secondary signs of pregnancy were present. In March, 1954, she had a second episode of lower abdominal pain associated with mild vaginal bleeding and was admitted to another hospital for observation and treated conservatively.

In May, 1954 she was again admitted to still another hospital with pain and chills, and was in shock. 1500 cc. whole blood were required to stabilize her blood pressure and bring her count to a normal range. The patient refused to have an exploratory laparotomy. She felt this was her only opportunity to carry a child and she did not want any possible threat to it. Fetal heart tones were heard on this admission and the patient had felt movement and laparotomy was postponed. Ten days prior to this admission the patient had again observed severe back pain and chills. No fetal movement was felt by the patient following this.

On admission examination the patient was found to have a lower midline abdominal mass extending just above the umbilicus. The skin over the lower abdomen appeared tense and was extremely tender. No fetal movements were felt and no fetal heart tones were heard although they had been just ten days previously.

Anteroposterior and lateral x-rays of the abdomen were taken and showed a small fetus with evidence of fetal death. (See Fig. 1, and Fig. 2.)

On the day following admission the patient was taken to the operating room where exploratory laparotomy was performed. On opening the peritoneal cavity an abdominal pregnancy was found located lying in the false pelvis with the placenta attached to the right broad ligament, cecum, and small bowel mesentery. Following extraction of the macerated, stillborn fetus the umbilical cord was clamped close to its placental origin with the thought of leaving the placenta in situ due to its complicated implantation.

The placenta and cord had undergone some degeneration and in clamping the cord it was slightly separated from its attached surface. To control the resultant hemorrhage four figure-of-eight sutures of number 0 chromic catgut were placed in the placenta. The abdominal wound was closed by marsupializing the placental edge.

In the immediate postoperative course the patient continued to bleed and it was decided to pack the wound which had been marsupialized and place sand bags over the packing. Following this procedure the hemorrhage was controlled and the packing was removed on the second postoperative day. The patient then continued to recover without further complications and was discharged on September 4, 1954 (fifteenth postoperative day). The wound gradually closed in five weeks following the procedure. She has since developed a small midline ventral hernia but has had no complications from this.

Comment

This case, we feel, is most interesting from the method used in handling the placenta. Although marsupialization is in a general sense outmoded, we feel there are certain instances in which removing the placenta presents too great a hazard to the patient. Also, packing may be needed to control hemorrhage. Marsupialization allows one to do this.

We have reviewed 10 reports of abdominal pregnancy in the literature. Siegal lists three main

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From the St. Ann's Hospital For Women, Columbus, Ohio.

points in the diagnosis of abdominal pregnancy: "(1) The history in early months, of supposed miscarriage, accompanied with possible passing of shreds of tissue. (2) Palpability of the fetal parts suspiciously close to the abdominal wall. (3) Shortness and emptiness of the uterine cavity on examination." He states that usually there is no Hegar's sign, but he also states that diagnosis of abdominal pregnancy is much more difficult in its later stages.

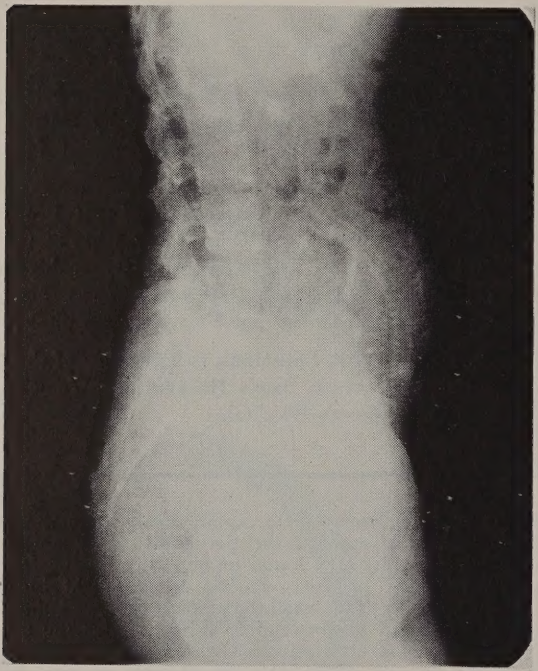

FIG. 1. Lateral film of the pelvis and abdomen showing evidence of fetal death.

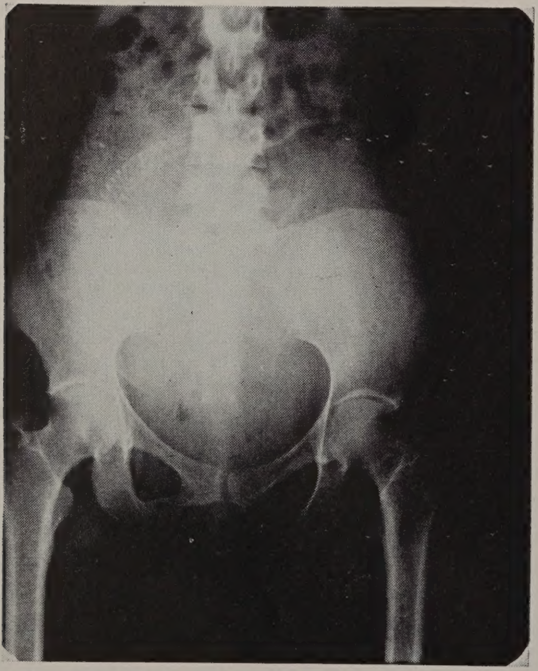

FIG. 2. A-P view of the pelvis and abdomen.

We would like to emphasize the importance of pain, in the past history of a patient, during the later stages of abdominal pregnancy. This is especially true in cases of secondary abdominal pregnancy with pain associated with the rupture or abortion through the tube and secondary implantation early in the history. Such was the case in this patient.

Case 2. Mrs. B, 34 years old, gravida II, Para 0, was admitted February 28, 1955, with the chief complaint of abdominal pain. Her last menstrual period was December 21, 1954. She had had two episodes of vaginal spotting; January 25, 1955, and February 10, 1955, accompanied by rather severe low abdominal pain which was only partially relieved by codeine. Four days prior to admission the pain became more localized to the left lower quadrant and became more constant and gradually increasing in intensity. Pain associated with bowel movements was present. For three days prior to admission she had been bedfast with pain, nausea, vomiting, and chills.

On initial examination the patient appeared pale and acutely ill. Blood pressure, 100/40; temperature, 99.6°; pulse, 120; respirations, 24. The abdomen was tense, distended, and there was generalized abdominal tenderness, greatest in the left lower quadrant with rebound tenderness and referred pain to this area. Bowel sounds were decreased. On pelvic examination the uterus was enlarged to the size of a three month pregnancy, irregular, and retrocessed. No bulging of the cul-de-sac was noted. The adnexae were difficult to palpate due to exquisite tenderness.

Admission blood count was red blood cells, 2.4 million; white blood cells, 11,700; neutrophils 84; lymphocytes 16; hemoglobin, 6.8 grams. Urinalysis was normal.

The patient was typed for four units of whole blood and taken to the operating room where laparotomy was performed. The preoperative diagnosis was ruptured ectopic pregnancy. The abdomen was entered through a low midline incision and the peritoneal cavity was found filled with clotted and unclotted blood estimated at 1,000 cc. The adnexae were explored for the source of bleeding and the right tube was found to be a hydrosalpinx. The right ovary was normal. The left tube appeared normal except for perisalpingeal adhesions. The left ovary was enlarged, ovoid, and approximately 8 cm. in length by 6 cm. in diameter. The surface appeared bluish and in one area had ruptured. A small placenta was extruding through the area of rupture and was the source of hemorrhage. A left salpingo-oophorectomy was performed. The patient received four units of blood.

In the immediate postoperative period the patient did fairly well except for moderate abdominal distension and nausea for which a Levin tube was inserted into the stomach. She continued to improve and was discharged home on March 7, 1955 (seventh postoperative day). The pathologic tissue diagnosis was left ovarian pregnancy.

Comment

In view of the extreme rarity of primary ovarian pregnancy and Spiegelberg's Criteria, i. e., (1) Tube and fimbria distinctly separate from the ovary, (2) Gestational sac must occupy the normal position of the ovary, (3) The sac must be connected to the uterus by the utero-ovarian ligament, and (4) Unquestionable ovarian tissue must be present in the walls of the sac, we feel that these criteria have been fulfilled in this case and that it is thus reportable as such. (See Fig. 3, and Fig. 4.)

Case 3. Mrs. C, 32 years old, gravida V, Para III. Last normal menstrual period was August 21, 1954—admitted to hospital on October 18, 1954. The patient had a history of normal regular menstrual periods. One week before admission she had taken three grains of quinine in a self-attempted abortion and had developed moderate lower abdominal cramping pain. Four days prior to admission she had passed several blood clots and on the day of admission had noted the sudden onset of severe localized right lower quadrant pain. She had fainted just prior to having been brought to the hospital. She had no shoulder pain or history of pain with defecation.

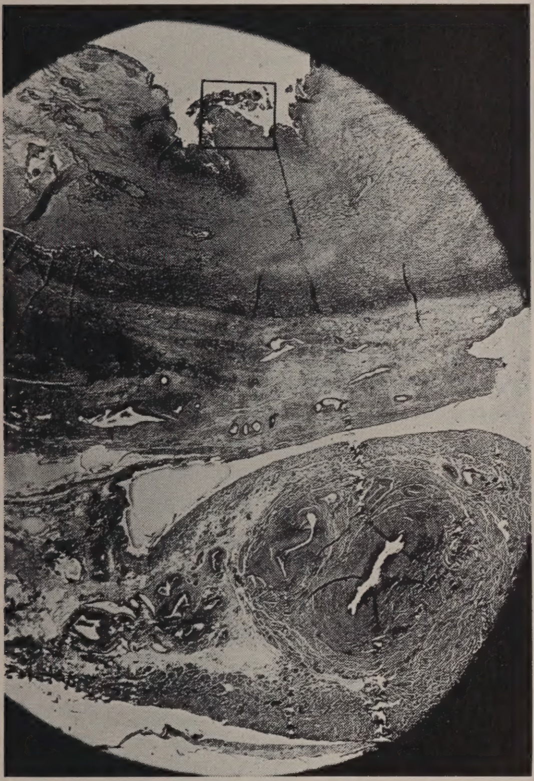

Fig. 3. Photomicrograph showing tubal mucosa, ovary, and chorionic villi. Area enclosed by box may be seen under higher magnification in Fig. 4.

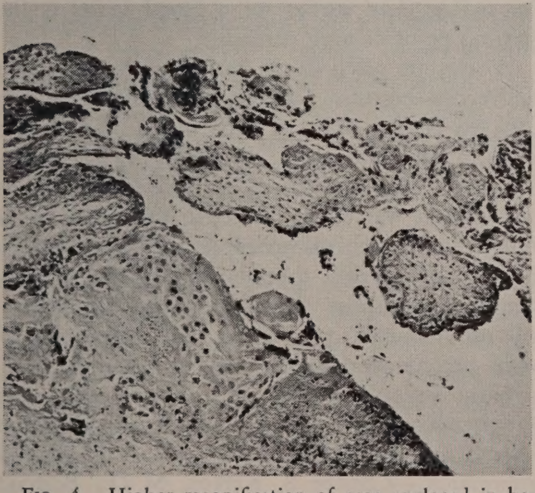

Fig. 4. Higher magnification of area enclosed in box in Fig. 3. This shows in more detail the chorionic villi.

Initial examination revealed blood pressure, 100/60; temperature 98.6°; pulse, 88; respirations, 20. She was pale and in acute distress. The abdomen was distended and guarding was present in the right lower quadrant, with associated rebound and referred pain to this area. Shifting dullness was noted to be present 12 hours following admission. *Pelvic:* The cervix was closed and a small amount of blood was exuding from the os. The uterus and adnexae were difficult to examine.

Admission blood count: Red blood cells, 4.29 million; white blood cells 12,350 with 6 stab forms, 75 segmented cells, 19 lymphocytes; hemoglobin, 12.5 grams. Urine showed white blood cells, 2 to 3 per high power field; trace of albumin. Twelve hours later the red blood cell count was 3.24 million; white blood cell count, 6,850; hemoglobin, 9.4 grams.

She was therefore taken to surgery and on opening the peritoneal cavity gross blood was observed. The right tube was distended by a mass 4 cm. in diameter which had ruptured posteriorly into the broad ligament and thence into the abdominal cavity. The patient received two units of blood and did quite well following a right salpingectomy.

Bibliography

1. Davis, C. H., and Carter, B.: Gynec. & Obst., vol. I:11:1-14, 1953.
2. Novak, E.: Gynecologic and Obstetric Pathology, ed. 3, Philadelphia, W. B. Saunders, 1952.
3. Quilliam, T. A.: Abdominal Pregnancy. Postgrad. M. J., 24:482, September, 1948.
4. Siegal, H. A.: Advanced Abdominal Pregnancy with Fetal and Maternal Survival. J. Internat. Coll. Surgeons, **18**:77, July, 1952.
5. Spiegelberg, O.: Arch. Gynak, **13**:73, 1878.
6. Weiner, J. J.: Primary Abdominal Pregnancy. Am. J. Surg., **65**:288, August, 1944.

Development of Folliculitis in Patients Receiving Cobalt

Investigative work, primarily by Faguet, at the Pasteur Institute, has given a plausible explanation for the development of folliculitis in patients receiving cobalt. Faguet noted that the addition of small quantities of cobalt chloride increased the growth and multiplication of *Staphylococcus aureus* in cultures.

It is significant that these same studies, as well as others by different investigators, indicated that when penicillin, streptomycin or bacitracin were added to such cultures of staphylococcal aureus containing cobalt, the inhibitory effect of the antibiotic was enhanced two to ten times. This probably is due to the fact that these antibiotics act on the bacteria during their dividing stage. No benefit was noted in similar cultures combined with oxytetracycline, chlortetracycline, chloramphenicol or polymyxin.

Since cobalt is tightly bound to the cyano group in cyanocobalamin, the mechanism of its action in aggravating folliculitis cannot be explained on the basis of the experimental work cited. Further investigation will be necessary to explain the increase in activity of acne in patients receiving vitamin B_{12} preparations.—Chester M. Sidell, M. D., et al., Los Angeles: *California Med.,* 88:20, Jan., 1958.

Retrolental Fibroplasia

A Case Report on Preventable Blindness

WILLIAM H. HAVENER, M. D.

A BLIND EYE is a serious loss to both patient and community. Awareness of the preventable nature of a significant portion of this blindness should help in reducing the incidence of such tragedies. The representative cases to be presented here are selected to emphasize relatively common causes of blindness, which can in many instances be averted by proper, timely care.

Case Report

The patient, an 8 month old boy, weighed 3 pounds 15 ounces at birth. Duration of pregnancy is reported as seven months. Supplemental oxygen was given for three days, in unknown concentration. Ophthalmologic consultation in the hospital indicates that both eyes were completely normal shortly after birth. No maternal disease or familial eye pathology is known.

At the age of 6 months, this child was recognized to have markedly impaired vision. Re-examination at this time showed marked traction bands which displaced the large central retinal vessels into a temporal origin from the disc. These fibrovascular membranes swept across the macular area, obviously destroying central vision. Much of the peripheral retina was quite normal. It could, therefore, be predicted that the child would have side vision, but could not develop useful detailed central vision such as is necessary for reading.

Discussion

Retrolental fibroplasia is a disease resulting from modern medical care. It occurs almost exclusively in premature infants who have received supplemental oxygen. At the time of premature birth, the peripheral retina has not yet developed its blood vessels, and is dependent upon the choroid for nutrition. Supplemental oxygen inhibits the growth of the immature retinal vessels and makes the developing retina dependent upon the choroidal circulation.

With continuing growth, an acute need for additional retinal vessels develops, and neovascularization spreads wildly and rapidly over the inner retinal surface. This may leave minimal residual damage, central vision may be destroyed by fibrovascular membranes as in this case, or the whole retina may become detached and pulled forward to produce the "retrolental" membrane. No therapy is known to be effective once the disease has manifested itself.

During the past decade about half the children attending our blind schools were there because of retrolental fibroplasia. Almost complete elimination of new cases was accomplished following the proof that supplemental oxygen is the cause of retrolental fibroplasia. It is extremely hazardous to use oxygen in the care of premature infants, except when obvious cyanosis or other evidence of anoxia exists. Oxygen concentrations in excess of 40 per cent are particularly likely to result in retinal damage.

Particular attention should be directed to the fact that routine supplemental oxygen does *not* increase the survival rate of premature children. Clinical application of this knowledge has provided dramatic proof of the value of research in preventing blindness.

The Author

● Dr. Havener, Columbus, is on the attending staff at University Hospital, and Acting Chairman, Department of Ophthalmology, The Ohio State University College of Medicine.

Factors Predisposing Development Of Thrombosis

In summing up the role of anatomical change in the blood vessel walls in the pathogenesis of thrombosis, it is difficult to escape the conclusion that the logical explanation for the formation of most thrombi is lodgement of platelets at a spot of injury to the endothelium. Certainly the exposure of the coagulable circulating blood to an injured or dead surface of a blood vessel is the starting point of most thrombi.

A sclerotic patch in the coronary arteries which undergoes necrosis, rupture, or hemorrhage; an infected cranial sinus in otitis media; the uterine veins in puerperal sepsis; the portal branches leading away from an abscess; an infected thrombus on a heart valve; an infected thrombus on a venous valve are all examples. Non-infectious trauma, panarteritis, thromboangiitis, and atherosclerosis predispose thrombosis, just as phlebosclerosis, trauma, varicosities, and infections of veins precede thrombosis in many instances.

Now, aside from injury to the vessel wall, it is widely recognized that the modification of the velocity and direction of blood flow is of greatest importance.—Chester S. Keefer, M. D., Boston: *J. M. A. Georgia,* 47:55, February, 1958.

The Management of Syphilis

EVAN W. THOMAS, M.D.

THE sharp decline in the incidence and prevalence of syphilis starting in 1947 has now begun to level off. In 1956, for the country as a whole, there was a slight increase of newly reported cases over 1955. A decrease of late cases should be anticipated in the future, provided case-finding measures are promoted, but it is unlikely at present that the incidence of early syphilis will show further significant declines in the near future because we have no effective means of preventing infections other than treating known cases. How unsatisfactory this is can be shown by the fact that in normal years primary and secondary syphilis represents less than 5 per cent of the total number of newly reported cases. This means that each year many newly acquired infections go unrecognized.

The advent of penicillin has dramatically lowered the number of patients suffering from symptomatic late syphilis. Nevertheless, far too many patients are still admitted to mental hospitals because of advanced neurosyphilis. Late symptomatic syphilis can be prevented in almost 100 per cent of cases, if treatment is given before manifest symptoms develop. But, before treatment can be given, syphilis must be found and diagnosed, and there is no prospect that we can relax this campaign in the foreseeable future.

Syphilis is now confined largely in the lowest socio-economic groups. Few physicians see many cases in their private offices. Yet, over 200,000 newly reported cases were recorded in 1956 and the medical profession cannot ignore a disease with this prevalence. Every physician should know the fundamentals in the diagnosis and treatment of syphilis, and every physician should cooperate with public health departments in the epidemiology of infectious cases. The purpose of this paper is to outline as briefly as possible the essentials in the diagnosis, treatment and epidemiology of syphilis. Each topic will be outlined separately.

I. Diagnosis

Syphilis comprises almost two distinct diseases —the early and late stages. Early lesions are infectious, but they are always self-limited and they are, as a rule, nondestructive. Late lesions, when they occur, are relatively noninfectious, but they are chronic and destructive. In all probability the untreated infectious stage rarely lasts more than two years, and oftentimes for much shorter periods. For epidemiologic purposes, the early infectious stage is of primary importance, but it is the late manifestations of the disease that make it a menace to the individual and to society. Without going into any detail, the essentials in the diagnosis of various types of syphilis follow:

The Author

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Primary stage (chancre at site or sites of infection. Chancres are usually single but they may be multiple). Diagnosed by:

1. Finding the *Treponema pallidum* in serum from the chancre by dark-field microscope.
2. Serologic tests for syphilis (STS). Tests may be negative early. In the presence of a suspicious early lesion, STS should be repeated frequently for at least 2 or 3 weeks. When the STS begin to be positive, the titers of quantitative tests rise rapidly within a few days. Syphilis should be ruled out in the presence of any genital lesions.
3. History of exposure.

Secondary stage (initial reaction of tissues to the *T. pallidum* carried to the tissues by blood and lymphatics). Diagnosed by:

1. Dark-field microscopic examination of serum from lesions.
2. Positive STS. Seronegative secondary syphilis, if it occurs at all, is so rare as to be negligible. The titers of quantitative tests are usually high, but individuals vary greatly in the amount of reagin formed. In the absence of demonstrable lesions, secondary syphilis should not be diagnosed but secondary lesions may be scanty and faint as well as profuse and obvious. In the absence of positive dark-field examinations, a diagnosis of secondary syphilis should be made with caution, if the STS titers are positive in dilutions of less than 1 to 2.

Early latent (asymptomatic) stage (less than 2 years' duration).

Authorities differ over the definition of early

Presented at a Physician's Venereal Disease Seminar, held at the Newton D. Baker Health Center in Cleveland, January 8, 1958.

latent syphilis. For epidemiologic purposes some make it of less than 1 year duration, others of less than 2 years and still others of less than 4 years. It is diagnosed by:

1. Positive STS. As a rule, the earlier the infection, the higher the titers.

2. History. Without an accurate history of previous STS or of possible exposure to infection, the duration of the infection is at best a guess. Relatively high STS titers in young people, especially teen-ages, suggest a diagnosis of early latent syphilis. The following information should be sought from every patient suspected of having syphilis, regardless of the stage:

a. History of genital lesions or of skin and mucous membrane lesions.

b. History of previous STS—dates, where taken and results of reactions.

c. History of possible previous treatment for syphilis. In many cases it is wise not to mention syphilis in questioning patients, but to ask about tests for "bad blood" and "needle treatments" or "hip shots" (how many and how frequent).

Late latent stage (asymptomatic late syphilis. Diagnosed by:

1. Positive STS. Titers are usually relatively low.

2. History. (See above.) Seropositive patients who deny the possibility of syphilis should have repeated STS for at least a month or more and, if possible, a treponemal immobilizing antibody (TPI) test, or some other specific test to rule out false positive STS. If specific tests are unavailable, it is better to treat a patient with persistently positive STS than to guess that the positive STS represent biologic false positive reactions.

Asymptomatic neurosyphilis. Diagnosed only by:

1. Positive spinal fluid examinations which should consist of:

    a. Complement fixation test for syphilis (Wassermann) or VDRL,

    b. Cell count,

    c. Total protein determination,

    d. Colloidal gold or other colloidal tests.

The least valuable of these tests is the colloidal curve which provides no reliable information about the activity of neurosyphilis. Activity is best represented by cell counts of more than 4 or 5 per cu. mm. of fluid and oftentimes by increased total protein determinations (more than 40 mgs. per 100 ml.) in association with positive VDRL or complement fixation (Wassermann) tests of the spinal fluid.

If spinal fluid examinations are not made, asymptomatic neurosyphilis cannot be diagnosed, but adequate treatment is possible without spinal fluid tests even if neurosyphilis is present. Positive STS titers of the blood are likely to be higher in patients with asymptomatic neurosyphilis than in those with latent syphilis, but this is not a reliable means of diagnosis.

Symptomatic neurosyphilis. Diagnosed by:

1. Signs and symptoms of neurosyphilis, especially pupillary changes (unequal pupils, irregularity of pupils, poor or no reaction to light).

2. Positive spinal fluid tests (see above).

3. Blood STS are positive, often in relatively high titers in active untreated cases, with the exception of tabetics whose STS may even be negative.

Cardiovascular syphilis. Diagnosed by:

1. Evidence of dilated aorta on fluoroscopy or x-ray films (not always diagnostic).

2. Physical signs of aortic insufficiency not explained by other causes.

3. Positive STS (titers may be low or high).

Gummatous reactions. Diagnosed by:

1. Signs of gummatous reactions or tertiary syphilides in the skin, mucous membranes, bones, liver, stomach and other organs except ovaries and intestines.

2. Positive STS (titers are usually very high).

Prenatal syphilis. Diagnosed by:

1. Positive STS.
2. History is important.

Congenital syphilis of the newborn. Diagnosed by:

1. Signs of secondary lesions (skin, mucous membranes, bones).

2. Positive STS which, in the absence of lesions, persist for 3 months. Passive transfer of reagin from mother to fetus occurs. A seropositive mother previously treated for syphilis may transfer reagin to the fetus without the fetus being infected. In that case the baby's STS will be positive but titers will decline without treatment and become negative within 3 or 4 months. Rising titers of the baby's STS indicate congenital syphilis.

Late congenital syphilis. Diagnosed by:

1. Positive STS.
2. History of patient and of parents.

II. Treatment

The following schedules of treatment are minimal, but they can serve as guides for routine use:

Treatment of early syphilis (primary, secondary and early latent).

1. Benzathine penicillin G—2,400,000 units

given in a single treatment by injections of 1,200,000 units in each hip.

2. Procaine penicillin in oil and aluminum monostearate (PAM)—4,800,000 units given by individual injections of 1,200,000 units every 3 to 5 days.

Treatment of late latent (asymptomatic) syphilis.

Same as above but, if no spinal fluid examination is obtained, treatment should consist of at least 4,800,000 units of PAM in order to arrest possible asymptomatic neurosyphilis.

Treatment of asymptomatic neurosyphilis.

See above. Some authorities prefer total doses of 6- rather than 4.8-million units of PAM.

Treatment of symptomatic neurosyphilis and cardiovascular syphilis.

Total dose of 4,800,000 units PAM will suffice for many cases, but most authorities advise total doses of from 6 to 9 million units, especially for general paresis and cardiovascular cases. Individual injections of 1,200,000 units can be given every 3 to 5 days.

Treatment of prenatal syphilis.

Treatment should be the same as for other types of syphilis. If the pregnant woman has had previous antisyphilitic therapy and is still seropositive, further therapy may not be necessary but, when in doubt as to the adequacy of previous treatment, re-treatment is advised.

Treatment of congenital syphilis of newborn.

Injections of 150,000 to 300,000 units PAM every 3 days for 3 or 4 injections will usually suffice. Oral penicillin, 100,000 units per kilogram of body weight daily for 14 days has been advised by some authorities in Germany.

Treatment of late congenital syphilis.

Same as for acquired cases.

Treatment of penicillin-sensitive cases.

Erythromycin or Magnamycin® is preferred. Other antibiotics can be used, but the *T. pallidum* is more sensitive to the first two above than to chlortetracycline, oxytetracycline and chloramphenicol, any of which can be used. Oral treatment with from 250 to 500 mg. of erythromycin every 6 hours can be given for 8 to 10 days in early cases and for 10 to 15 days in late cases. Intramuscular injections of 750 mg. to 1 gram of erythromycin daily for 8 to 10 days in early cases and for 10 to 15 days in late cases might be tried but no data on this treatment are available. If chlortetracycline or chloramphenicol is chosen, individual doses of at least 500 mg. should be given orally as advised for erythromycin.

Evaluation of Treatment

Following therapy of primary and secondary syphilis seronegativity is usually obtained within one year. However, some 20 per cent of patients treated for secondary syphilis may have positive STS in low titers for more than one year. Retreatment is not advised unless the STS show marked increases from previous levels (serorelapses).

Patients treated for late syphilis usually continue to be seropositive for years after treatment. No patient should be retreated solely because of positive STS unless there is evidence of marked increases in titers from previous levels.

Therapy of neurosyphilis is best evaluated by serial spinal fluid examinations but these examinations are of little use unless careful cell counts and total protein determinations are made. Cell counts should be normal 6 months after successful therapy and there should be a decline in abnormally high total protein.

III. Epidemiology

Epidemiologic programs apply to early infectious syphilis. The program includes:

1. Prompt reporting of early cases to health departments.

2. Interviewing cases for contacts. Whenever possible this should be done by trained venereal disease investigators provided by health departments. Physicians should make it possible for patients to be interviewed. This can be done without loss of confidence on the part of the patient. Health department personnel are well aware of the necessity for tact and strict observance of the confidential aspects of syphilis. Embarrassment to both patient and physician can be avoided when there is cooperation between physician and health department. Only by means of interviewing patients for contacts can the reservoir of infectious syphilis be held in check.

3. Contacts of infectious cases must be brought to medical examination. This is the responsibility of health departments. Contacts can be referred to private physicians for examination when this is desired or they can be examined in clinics chosen by the health department.

MATERNAL HEALTH IN OHIO

TOPIC THIS MONTH:

Maternal Deaths* Involving Infection

Case No. 60

The patient was a 35 year old, white, gravida II, abortus I who died two days postpartum. Her past history was essentially negative except for dilatation and curettage following an incomplete abortion, later followed by bilateral salpingo-oophoritis. Three years following this infection she became pregnant. Onset of last menstrual period was October 15 and she consulted her doctor when she was two months pregnant; calculated date for term was July 22. There were no complications during pregnancy until July 11, when her doctor could not detect any fetal heart tones. X-rays were completed but there was no report of the findings.

On July 16 she was admitted to the hospital and an attempt to induce labor by the use of Pitocin® was unsuccessful. On July 22, in an attempt to induce labor, the membranes were artificially ruptured. When uterine contractions did not develop after 12 hours, under Trilene® anesthesia, the cervix was manually dilated and the uterine cavity emptied of grossly infected material —(nothing is said concerning the condition of the fetus and placenta other than that delivery was rapid). During this operative procedure the patient developed a severe, prolonged, shaking chill.

Following this the patient pursued a septic course, developed jaundice, albuminuria—later anuria, and a pericardial friction rub. Laboratory studies revealed 4 plus albuminuria; pyuria; nonprotein nitrogen, 54.6; blood urea nitrogen, 156. She died on July 25, on her ninth hospital day. An autopsy was performed.

Cause of Death: Uremia following septicemia, stillborn fetus.

Pathological Diagnosis: The autopsy disclosed acute suppurative pericarditis, granulomatous myocarditis, bronchopneumonia, and multiple hemoglobin casts in the kidney tubules indicating that the jaundice was of hemolytic type. Section of the fallopian tube showed marked thickening of the wall and extensive inflammatory cell infiltration. There was necrosis and a fibropurulent exudate. Section of the myometrium showed even more extensive inflammatory exudate and abscess formation.

Comment

Again, members of the Committee felt hampered in efforts to properly evaluate features in the case, because of a lack of certain facts in the history (previous abortion) and omission of important laboratory findings. In view of previous infection in the pelvis, it would have seemed proper to initiate heavy antibiotic therapy prior to terminating the pregnancy. Members of the Committee did not concur in the forceful intervention employed to empty the uterus; it was assumed that the fetus was macerated. The case was voted a preventable maternal death.

Case No. 141

The patient was a 25 year old Negro, cesarean I, abortus I, who died 49 days following delivery by low cervical cesarean section. Her past history is not remarkable. One previous pregnancy, spontaneous abortion 16th week of gestation. She was first examined when two months pregnant and estimated date for term was January 7 to 10. She was in good physical condition and subsequently the pregnancy followed a normal course with a weight gain from 150 to 176. Blood pressure varied from 110/60 to 150/70. While there was no detailed information concerning the pelvic measurements, apparently the attending physician considered the pelvis adequate for vaginal delivery.

On January 6 she was admitted to the hospital in active labor; the *membranes had ruptured* several days before. Her general physical condition was good, blood pressure 120/55 and hemoglobin 11.4 grams. After eight hours of active labor the head was not engaged, a large caput succedaneum was felt, and fetal bradycardia developed. A low cervical cesarean section was performed, uneventfully, under spinal anesthesia; a healthy 6 pound, 4 ounce baby was delivered. Subsequently the patient's temperature ranged up to 103 degrees for three days. A similar rise occurred on the ninth to twelfth postoperative days. Nausea and vomiting developed. Abdominal x-ray films revealed evidence of paralytic ileus. Penicillin and streptomycin was started on January 8 and continued to January 17. Then erythromycin was administered but discontinued as patient developed diarrhea with stools laden with *Staphylococcus albus.*

She had recurrent attacks of nausea, vomiting, distention and diarrhea. Marked pyuria, anemia, and azotemia developed. She complained of chest pain and a systolic murmur was heard at the apex and base of heart. Re-

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

peated electrocardiograms revealed progressive T wave changes. There was some improvement with repeated blood transfusions, oxygen, Demerol,® and digitalis. In addition to the usual laboratory work, multiple tests were performed, including bone marrow aspirations, blood indices, icteric index, red blood cell count, fragility, malarial smears, Coombs test, and multiple blood cultures with negative results. She became disoriented and somnolent. Cortisone therapy was instituted, but was of no avail. She died on February 26—49 days following delivery. Autopsy permission was obtained.

Cause of Death: Overwhelming septicemia. (From certificate): "Renal failure and heart failure."

Pathological Diagnosis: The (lengthy) final report included principally:

(a) Thrombosis of vesico-uterine plexus;

(b) Fibrinous pericarditis and mural thrombosis of atria and left ventricle;

(c) Marked hemosiderosis and erythropoiesis of spleen;

(d) Acute diffuse membranous glomerulosclerosis of eclampsia;

(e) Either passive congestion or thrombo-embolism, fatty necrosis, necrotizing arteritis or multiple infarcts involving every organ of the body.

Comment

The very informative report covering the records of this case is commendable, indeed. The Committee voted the case a nonpreventable death. Prenatal care was adequate, as was the care during labor, delivery, and the postpartum period. Complete and repeated diagnostic studies were made during hospitalization, and just as much interest was taken in therapy. A very complete autopsy confirmed the diagnosis of an overwhelming septicemia.

It is generally considered that premature rupture of the membranes with delay of several days before the onset of labor may occur without untoward consequences, however, many of our older physicians do not consider it so lightly. Before the availability of the "antibiotics" in all cases where delivery by section was being considered, every effort was made to complete the delivery within a 12 hour period following rupture of the membranes. The longer the delay the greater the morbidity due to infection.

The Committee felt that in this case antibiotics should have been started promptly on her admission to the hospital, but most certainly they should have been given when delivery by section was contemplated.

Case No. 101

This patient was a 31 year old white gravida VI, Para IV, who died about five weeks postabortal. Very little could be ascertained concerning her past history. It was learned that she had had four term pregnancies previously delivered without complication. Four years before she had had a miscarriage, the details of which were not known. Her last menstrual period occurred August 4, according to the record. On October 2, the patient entered the hospital with an infected abortion allegedly self-induced by the introduction of a catheter. Details on her physical examination and laboratory findings were not recorded.

It was learned that she received blood, Gantrisin,® Terramycin,® Combiotic® therapy, and later the same day of admission she submitted to a dilatation and curettage. After three days of fever (details not known), the temperature became normal and the patient was discharged on October 8 in excellent condition with a normal temperature. However, soon after the patient arrived at home she developed chills and fever and became gradually worse. For one week prior to her re-admission, she developed chest pains and productive cough.

The patient was re-admitted to the hospital on November 5; it is stated that her pelvis was negative, but examination of her chest revealed signs of a subacute bacterial endocarditis, septicemia and pulmonary infarct. Details of her treatments were not recorded. However, in spite of heroic efforts and extensive therapy, the patient became progressively worse and died November 12. Autopsy permission was not granted.

Cause of Death: Subacute bacterial endocarditis; abortion, infected, allegedly induced. (Sepsis not mentioned.)

Comment

Members of the Committee studied this case with a great deal of interest. The responsibility of the patient in allegedly submitting to a criminal abortion was noted. However, the Committee felt that there was questionable indication for a dilatation and curettage in the face of severe uterine infection on the day of admission, especially since no note was made of its dire need. It was felt that in view of the information provided, the patient should have been treated expectantly until the greater part of the infection was overcome. The Committee voted this a preventable maternal death.

Comment of Consultant

The following comment of a consultant, who is a specialist in Obstetrics and Gynecology, was given at the request of the Committee.

In the basic classification of "complications of pregnancy (hemorrhage, toxemia and sepsis), it is a matter of record that improved obstetrical care and new armamentaria have reduced maternal mortality. Blood banks, increased care in the antepartum period, and the advent of chemical and antibiotic agents have been applied respectively to these three hazards. Probably the greatest of these advances has been in the field of sepsis. It is most important, that we take fullest advantage of all three, but it is becoming more and more a moral and legal responsibility that we employ the fullest measure of care in applying principles of antisepsis and therapy in care of such cases.

Case No. 60: The relationship of "previous abortion," mentioned in the history, probably is inconsequential. This had occurred three years prior with no record of recurrent infection during the interval, and certainly was of a degree not sufficient to prevent the pregnancy of the patient under discussion. The "manual dilatation" in treatment, we feel to be radical. "Grossly infected"—why? Twenty-four hours after ruptured membranes and with the possible contamination at amniotomy, especially when autopsy suggests hemolytic streptococcus as the infectious agent, may have been contributory. Another attempt at induction with Pitocin® would have been more appropriate in our opinion. The repeated attempts carry a fair percentage of success. The risk of "dead foetus syndrome" with possible afibrinogenemia is, percentagewise, a better risk.

Impression: Preventable death.

Case No. 141: The comment of the Committee covers the situation adequately. The only possible improvement in care might have been institution of antibiotic therapy at time of rupture of the membranes. This one addition certainly would qualify the case for classification as nonpreventable.

Case No. 101: Again, the Committee has summarized the opinion of the consultant. This case is an excellent one in point of emphasizing the wisdom and necessity of conservative approach in care of an infected abortion. The case qualified as "preventable" when the patient submitted to the criminal abortion, but was further qualified for same when the attendant did a dilatation and curettage in the face of symptoms of sepsis without (recorded) emergency from blood loss. If the patient's greatest immediate hazard had been hemorrhage, the dilatation and curettage might have been advisable. As the record stands, the death must be classed as preventable.

Influence of Nutrition to Control Tumor Incidence Is Studied

The work of McCay's classic experiments on the prolongation of life and the relative lack of degenerative changes in underfed animals suggests the possible lack of cancer susceptibility also. Much effort has been expended on this approach towards the control of tumor incidence and in many cases the induction period of tumors has been delayed and the growth rate of established tumors retarded by various forms of dietary depletion.

How drastic the dietary regimens may be to effect such changes, and what is the cost in terms of the natural processes of the animal, are yet to be answered. If one knows a cell's peculiar dietary needs and they differ from those of other cells—then a scientific hurdle is crossed.

This is the principle of antimetabolite action upon which the sulfa drugs work. There are some principles now established for cancer cells in animals and, in some instances, cancer cells in humans.—George C. Hall, M. D., Los Angeles: *Rocky Mountain M. J.*, 55:57, February, 1958.

Selective Readings . . .

Biochemical Individuality, by Roger J. Williams, Ph. D. ($5.75, *John Wiley and Sons Inc., New York 16, N. Y.)* That no two people are alike, an ancient and intuitive axiom, is recognized today as a scientific truth. Dr. Williams advances his genetotrophic concept, the simple principle that every individual organism with a distinctive genetic background has equally distinctive nutritional needs which must be met for optimal well-being. It is evident, for example, that some stomachs hold six to eight times as much as others with eating "habits" varying accordingly, or that some people live to a ripe old age relatively free from illness although from a nutritional point of view, they would be considered substandard.

Heredity, to begin with, imposes its patterns of size, health, and function. As the author proves, these anatomical, physiological, and biochemical differences already determine diverse interactions with the environment, no matter how benevolent or cruel that may be. Accordingly, if we could determine the particular needs of a person from the ovum onward, we could avoid malformation, susceptibility to infection and disease, and degeneration.

Dr. Williams believes it reasonable to assume that practically every human being is a "deviate" in some respects. This he proceeds to document with considerable evidence already available on anatomical variations, personal composition, enzymic and excretion patterns, endocrine activities, pharmacological manifestations, and individual nutritional requirements. Perhaps the leading clue to personal welfare hinges on the discovery of what, precisely, our differences consist of. It is the author's hope that the vast areas of reasearch implied here will be intensively explored.

Industrial Deafness: Hearing, Testing and Noise Measurements, by Joseph Sataloff, M. D. ($8.00, *Blakiston Division of McGraw-Hill Book Co., New York 36, N. Y.)* This work is intended for all who are concerned with industrial noises and their damaging effects upon the hearing and upon human behavior. It serves as a practical guide book in solving the numerous problems that arise in industry in relation to noise and therefore is invaluable to ear specialists, hearing testers, industrial physicians and executives, compensation lawyers, insurance executives, acoustic engineers, safety engineers, Chamber of Commerce executives, industrial nurses, industrial hygienists, and Labor Union leaders.

A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M. D., *President*

Presented by

- **Henry E. Wilson, M. D., Columbus, and**
- **Emmerich von Haam, M. D., Columbus.**

Edited by Dr. von Haam.

Presentation of Case

THIS white female high school student was admitted to University Hospital, Columbus, Ohio, for the first time at the age of 17, with a two-year history of chronic fatigue and vague joint pains and a three-month history of left upper quadrant abdominal fullness, inability to eat a large meal, anorexia with occasional nausea and vomiting, and a 10 pound weight loss over the last month. Previous personal and family history were unremarkable.

Physical examination revealed a slender white female appearing chronically ill, with scattered small ecchymoses over her extremities. She had a soft systolic murmur over the apex of her heart, and her moderately tender spleen extended 8 cm. below the left costal margin and to the midline. Her total white blood count was 5,200 with 40 per cent immature myeloid cells, 14 per cent reticulocytes and 18 nucleated red blood cells per 100 white blood cells. She had 385,000 platelets. Repeated bone marrow aspirations failed to recover marrow material.

The Hospital Stay

During her hospital stay the patient had an episode of epistaxis and passed bloody stools. She was treated with 4 units of whole blood and discharged on iron therapy.

She was admitted four months later because of general weakness and diffuse abdominal pain. Since her discharge she had received x-ray therapy. The physical examination revealed a pale skin with scattered ecchymoses over both lower extremities; systolic murmurs over the left sternal border and over the apex, and an enlarged spleen which filled the left half of the abdomen. Her total white blood count was 16,900 with 26 per cent immature myeloid cells. Her platelets numbered 212,000. Bone marrow aspiration failed again to recover marrow material. She was treated with Myleran® and discharged to the outpatient department.

She was admitted the following month because of weakness, left shoulder pain and increasing anemia (hemoglobin 5.5 Gm.). She had 6 per cent reticulocytes, 43,000 platelets, and 62 per cent of her myeloid cells were of the immature type. She was treated with 5 units of blood and Myleran was continued. Following the second unit of blood her temperature rose to 103° F. and the van den Bergh rose from 0.6/1.5 to 1.2/3.1 mg. Following discharge she continued to have fatigue and periodic left upper quadrant abdominal pain. Her platelets fell to 12,000 and the reticulocytes rose to 26 per cent at one stage. The Myleran was stopped temporarily and prednisone was given. Later Myleran was resumed and prednisone continued.

Because of her low red blood cell count of 1.79 million, the patient was readmitted for blood transfusions. At that time her hemoglobin was 7.4 Gm., her platelets 60,860. She had 13.4 per cent reticulocytes and 20 per cent of her 6,600 white blood cells were of the immature type. Attempts at bone marrow aspiration again were futile. X-ray examination of her skeleton showed a general increase of bone density with the suggestion of minute nodular densities within the iliac bones. During this admission a 1745 gram spleen was removed; her postoperative recovery was good and her platelets rose from 76,160 to 172,200.

Fifth Readmittance

Following her discharge the patient was well until four months later, when she was again admitted with suprapubic pain, urinary frequency, nocturia, dysuria, chills and fever. She also developed hematuria and a temperature of 102°F. She was found to have acute cystitis and enterococci were grown on urine culture. This time she had a hemoglobin of 10.1 Gm., 11.8 per cent reticulocytes and 28 per cent nucleated red blood cells; her total white blood count was 64,000 with 22 per cent immature cells and 214,000 platelets. Bone marrow aspiration again was unsuccessful.

She was again admitted two months later because of total urinary incontinence and gross hematuria. Chills, fever, hematuria and severe right flank pain were again present. Cystoscopy showed an exudative cystitis with polyposis of the bladder mucosa and granular urethritis. Urinalysis showed hematuria and moderate growth of enterococci. Her hemoglobin was 3.3 Gm. with 9.2 per cent reticulocytes; her platelets numbered 888,000. She had 44,250 white blood cells with 37 per cent immature cells.

Two months later she suffered a flare-up of her urinary infection with enterococci and B. proteus in her urine and a temperature of 103°F. Her white blood cells numbered 29,000 and dropped to 14,000 in five days; her platelets numbered 1,025,000. She was febrile for five days. Four units of blood brought her hemoglobin from 6.2 to 11.6 grams.

Her eighth and last admission took place the following month. The patient had been well since her last discharge until one week prior to admission, when she developed swelling of the right knee followed by nausea, vomiting, cough and weakness. She was extremely pale, had a left sternal edge systolic murmur and bilateral upper abdominal quadrant tenderness. Her liver was enlarged to the iliac crest. She had a hemoglobin of 6.5 Gm., 1.0 per cent reticulocytes and 46 per cent nucleated red blood cells; her total white blood count was 28,200 with 62 per cent immature cells and 1,100,000 platelets. Her urine culture showed Klebsiella and Proteus. The blood urea nitrogen was 6 mg.; the serum amylase was normal. X-ray of her chest was unremarkable. She was treated for her urinary infection with Chloromycetin® with some improvement.

On the tenth hospital day she developed severe left upper quadrant pain with diminished bowel sounds, which improved after intravenous fluids. The x-ray of her abdomen showed no free air. On the eleventh hospital day she developed progressive periorbital edema with oliguria and that evening she suddenly became dyspneic and was found moribund with imperceptible pulse and heart beat and shallow, gasping respirations. Her blood count on the last day showed a hemoglobin of 11.2 Gm., white blood cells 28,000, platelets 762,960.

Clinical Discussion

Dr. Wilson: This girl was in good health until approximately the age of 15, when she commenced having chronic fatigue, vague joint pains and left upper quadrant fullness. Her condition was further aggravated by anorexia, occasional nausea and vomiting. At this point we might emphasize that you can often get anorexia, nausea and vomiting with splenomegaly alone regardless of its cause. It is probable that the increased pressure by the spleen on the lateral wall of the stomach precipitated her nausea. She had scattered small ecchymoses over her extremities, and these ecchymoses and some other more prominent hemorrhagic manifestations continued to appear in her subsequent history. The soft systolic apical murmur can very easily be interpreted as a hemic murmur.

The hemogram is very revealing. If we assume that this girl's red count was in the order of 2.7 million cells, her 14 per cent reticulocyte count would mean an enormous increase which was way out of balance. However, when we observe a high reticulocyte count in the presence of nucleated red cells in the peripheral blood, the usual significance of the reticulocytes is completely lost, and when you see this combination in the presence of large numbers of immature white cells, you have a phenomenon which has been named descriptively as leukoerythroblastic anemia. She also had white cells and bacteria in the urine which kept recurring and finally gave her a great deal of trouble.

Bone Marrow

Repeated bone marrow aspirations failed to recover any marrow material, and as you read through the history this keeps recurring like an old record. Nowhere did I notice that she had a surgical biopsy of marrow, and I must admit that we don't get surgical marrow biopsies as frequently as we ought. Then she is readmitted four months later with diffuse abdominal pain, probably caused by her enlarged spleen, and received some x-ray therapy for this. Her spleen must have been filling much of her abdomen. At this point we might well consider her blood picture.

Her hemogram was suggestive of a leukoerythroblastic anemia, which usually suggests a myelophthisic process due to something invading the bone marrow. The commonest process statistically is a metastasizing carcinoma, and you look for the ones that metastasize most frequently to bones, such as carcinoma of the breast, prostate, thyroid, lung or adrenal glands. About 5 per cent of multiple myelomas will produce this type of picture due to bone marrow displacement. Then there is a group of rather closely related, little understood lesions which have been called diffuse osteosclerosis, myelofibrosis with myeloid metaplasia or extramedullary hematopoiesis, and also agnogenic myeloid metaplasia, which can produce this syndrome of leukoerythroblastosis or leukoerythroblastic anemia.

Conversely, we do not see this sort of blood picture in granulocytic leukemias except as a complication. In chronic myeloid leukemia you see a rather wide range of myeloid cells, but it is quite uncommon to see large numbers of normoblasts. In the acute type of granulocytic leukemia you see a greater uniformity of the immature cell type. There are a few cases of chronic leukemia that form thrombi in their bone marrows and produce the picture of leukoerythroblastic anemia, but leukemia is one of the last things I would think of in our patient.

They commenced treatment with Myleran, which is probably the treatment of choice throughout the world today for chronic granulocytic leukemia. It is also used for extramedullary hematopoiesis occurring in any one of these syndromes we have talked about. In some instances it has had quite a striking effect, reducing pain of splenomegaly, and we have seen quite a few dramatic improvements in the symptoms of this whole syndrome. But since Myleran depresses marrow activities, including hematopoiesis, I think we can blame Myleran for some of the developments which were observed at her third and fourth admissions. Her left shoulder pain makes you think among other things of a splenic infarction, which is a common occurrence in large spleens with extramedullary hematopoiesis. She was given blood transfusion and we can assume that she had a hemolytic reaction following her transfusion. During her fourth admission the Myleran was stopped and she was put on prednisone.

Splenectomy

Apparently the clinicians thought that the patient had too much trouble with her spleen, so they decided to have it removed. I would guess that her thrombocytopenia, the suspicion of a continuing hemolytic process which seemed to grow worse after transfusions, and possibly the pains suggestive of infarction, represented at least three indications for the removal of the organ. Apparently she did pretty well after that. Her platelet count went up, she made a nice postoperative recovery and was presumably in pretty good health for about four months.

Then she returned with more urinary tract complaints and chills and fever. The blood picture was reasonably good at this point, and she apparently had been thriving following her splenectomy. Somebody tried to aspirate some bone marrow again but again did not get anything. At her sixth admission they found polypoid lesions around the bladder neck, which probably meant that she had "exuberant cystitis." Her hemoglobin was much reduced at this point and she had quite an increase in her white blood cells. This would fit well with a very severe infection, possibly with some exacerbation of hemolysis. She returned with more urinary tract trouble and lots of fever. The platelets reached quite high levels.

After presumably having been well for almost a month, she returned for her eighth and last time with some swelling of her right knee and nausea and vomiting which cannot be explained this time by splenic pressure. Her liver had been enlarging progressively and now filled much of the right side of the abdomen. She was profoundly anemic and had a marked leukocytosis with immature white cells. Her urine culture was again positive for Klebsiella and Proteus.

Then something very serious happened and she collapsed. I don't know what may have caused this. It is apparent, I think, that this girl had a sepsis, it is apparent that she had some sort of a bleeding diathesis which we have never fully explained. She did not have any thrombocytopenia, and her prothrombin levels were never in the bleeding range, and I would guess that she may well have had some other coagulation defect which may have predisposed her to this tendency to bleed. Perhaps we should suspect some increased capillary fragility on the basis of recurrent infection but to my knowledge this picture does not fit in in any way with this leukoerythroblastic syndrome.

So I would conclude by saying that this girl had this syndrome of myelofibrosis and/or osteosclerosis with extramedullary hematopoiesis which was present in the spleen, liver, and possibly in the kidneys (where it does occur in approximately 10 per cent of the cases). I don't know what the background for this syndrome might have been. The commonest specific causes for it are healed diffuse tuberculosis or metastasizing cancer, neither of which could be diagnosed in our patient. So I am going to call it just idiopathic. Then I think that she had a severe upper and lower urinary tract infection with terminal sepsis, perhaps with many renal abscesses or severe necrotizing papillitis, which brought on renal failure. Finally I think that she had some terminal accident, either acute intra-abdominal hemorrhage or acute adrenal insufficiency, which was directly responsible for her sudden collapse and death.

Clinical Diagnosis

1. Leukoerythroblastic anemia.
2. Myelofibrosis with extramedullary hematopoiesis (idiopathic).
3. Severe urinary tract infection.
4. Sepsis.
5. Acute cardiovascular collapse due to:
    - *a.* Adrenal insufficiency.
    - *b.* Intra-abdominal hemorrhage.

Pathologic Diagnosis

1. Panmyelosis with myelofibrosis.
2. Severe urinary tract infection.
3. Sepsis.
4. Bilateral infarction of adrenals.

Pathologic Discussion

DR. VON HAAM: I want to congratulate Dr. Wilson for a very excellent discussion.

The autopsy showed that the patient was very anemic and rather emaciated, weighing only 100 pounds. There was no jaundice or cyanosis, and her skin showed no ecchymoses. She had pitting edema of all her extremities and the sacral region as one would expect in a patient with cardiovascular insufficiency. The abdominal cavity contained about 1000 cc. of clear, amber fluid, and each pleural cavity contained about 300 cc. The heart was small and showed no evidence of pathologic change. The lungs were edematous and slightly firmer than normal, but no tumor nodules or abscesses could be demonstrated. The spleen was absent. The liver weighed 4500 grams and showed many very fine (1 mm.) gray nodules. The gallbladder was normal. There was no evidence of gastrointestinal bleeding.

Both adrenals were involved in a hemorrhagic mass present in the retroperitoneal space. Both glands appeared destroyed by extensive hemorrhages. The kidneys were normal in size and showed an advanced pyelonephritis although not severe enough to produce renal insufficiency. The patient died with a blood urea nitrogen of 8 mg. and a creatinine of 0.7 mg. The brain was not examined. All her lymph nodes were small and discrete.

Microscopic Examination

The heart muscle was infiltrated with many types of immature white blood cells. All lung sections showed myeloid, erythroblastic and megakaryocytic elements forming dense nodular masses which simulated pneumonia. Many small vessels contained ante-mortem platelet thrombi. The surgically removed spleen was re-examined and showed a moderate myeloid metaplasia and marked evidence of hemolysis. The spleen contained several large recent infarcts.

Sections through the liver showed an enormous increase of myeloid, erythroblastic and megakaryocytic elements in the sinusoids of this organ. Megakaryocytes were especially numerous and seemed to pack the capillaries. The lymph nodes contained similar cells in the sinusoids, particularly large numbers of eosinophilic myelocytes and erythroblasts.

The picture seen in the kidneys was hard to differentiate between myelosis and acute inflammation. The chronic pyelonephritis was evident by the many colloid casts in the excretory tubules, but the inflammatory process was partially obscured by the many myeloid elements. Many megakaryocytes were enmeshed in the capillaries of the glomeruli.

The adrenal glands showed the change which Dr. Wilson predicted as the possible cause for her terminal acute catastrophe. The patient had many thrombi in smaller and larger vessels, and had a complete infarction of both adrenal glands. There seemed no doubt that the acute necrosis of both adrenal glands produced the symptoms of acute adrenal insufficiency which was responsible for her death.

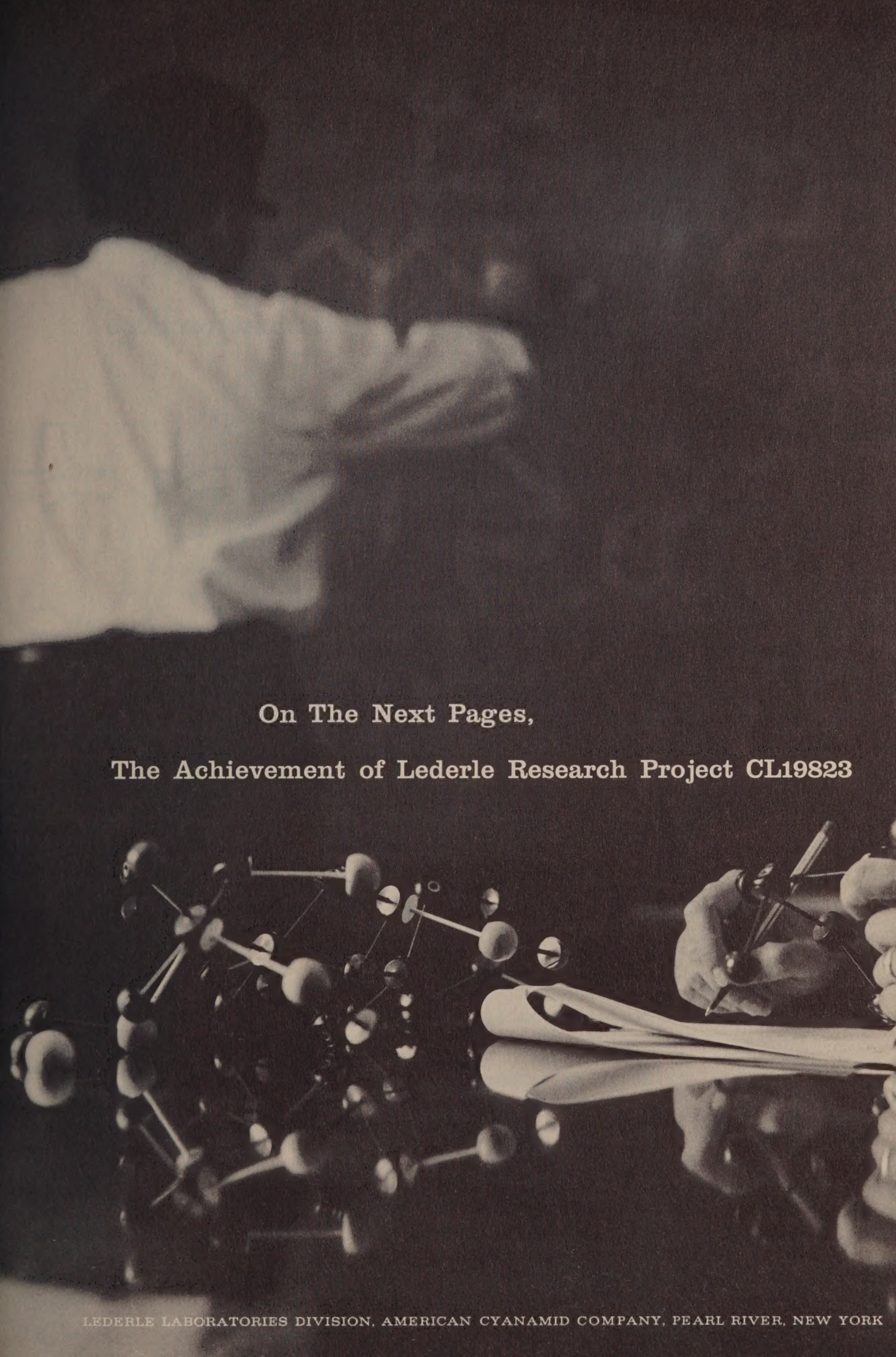
We did extensive bone marrow studies of many bones and they showed quite varying pictures. Some sections showed a bone marrow rich in cells and without any fibrosis, where the cell population was composed of a mixture of myeloid-erythroblastic elements which was either normal or hyperplastic. The bone spicules were rather thin and the marrow appeared exuberant. However, other areas of the skeleton, particularly the sternum, showed a great paucity of myeloid cells. Here the marrow contained a very fine network of young fibroblasts with myeloid cells present in reduced number in the fibrillar network. There was no evidence of osteosclerosis or marble bone disease, but rather the picture of myeloid fibrosis. No evidence of tuberculosis or tumor metastasis was present.

What is the disease process we are dealing with in this case? The name suggested for it by Black-Schaffer and Stoddard in 1953 is panmyelosis. According to these authors, panmyelosis is a disease in which a generalized proliferation of all cellular elements of the bone marrow occurs, including erythroblasts, myeloblasts, megakaryocytes, reticulocytes and even the fibroblasts. It can be differentiated from granulocytic or myeloid leukemia by several factors which Dr. Wilson has already emphasized. Histologically panmyelosis can be diagnosed by the presence of extramedullary hematopoiesis of all bone marrow cells beyond any compensatory replacement, even in cases without myelofibrosis. This patient had many more megakaryocytes in her liver alone than she lost by the fibrotic foci of her marrow. Even when myelofibrosis occurs, it is considered by the proponents of this theory not as evidence of a myelophthisic process but as evidence of proliferation of integral cellular components of the bone marrow, the fibroblasts.

References

1. Heller, E. L.; Lewisohn, M. G., and Palin, W. E.: Aleukemic Myelosis. Am. J. Path., 23:327-365, 1947.

2. Black-Schaffer, B., and Stoddard, L. D.: Panmyelosis and Chronic Granulocytic Leukemia. Am. J. Path., 29:413-449, 1953.



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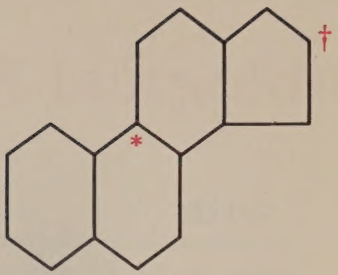

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- **a new high** in anti-inflammatory effects with lower dosage (averages 1/3 less than prednisone)
- **a new low** in the collateral hormonal effects associated with all previous corticosteroids
  - No sodium or water retention
  - No potassium loss
  - No interference with psychic equilibrium
  - Low incidence of peptic ulcer and osteoporosis

Biological Effects of Aristocort

with
particular emphasis
on:

Kidney function

Animal studies on ARISTOCORT[1] have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.[1] Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12-day period on a dosage of 30 mg. per day.[2] Additional balance studies showed actual sodium loss when ARISTOCORT was given in doses of 12 mg. daily.[3] Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to ARISTOCORT.[4,5] In two studies of various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.[6,7]

Potassium and chlorides

There was no active excretion of potassium or chloride ions in animals given maintenance doses of ARISTOCORT 25 times that found to be clinically effective.[1] Potassium balance studies in humans[2,3] revealed that negative balance did not occur even with doses somewhat higher than those employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis treated for up to ten and one-half months.[6,7]

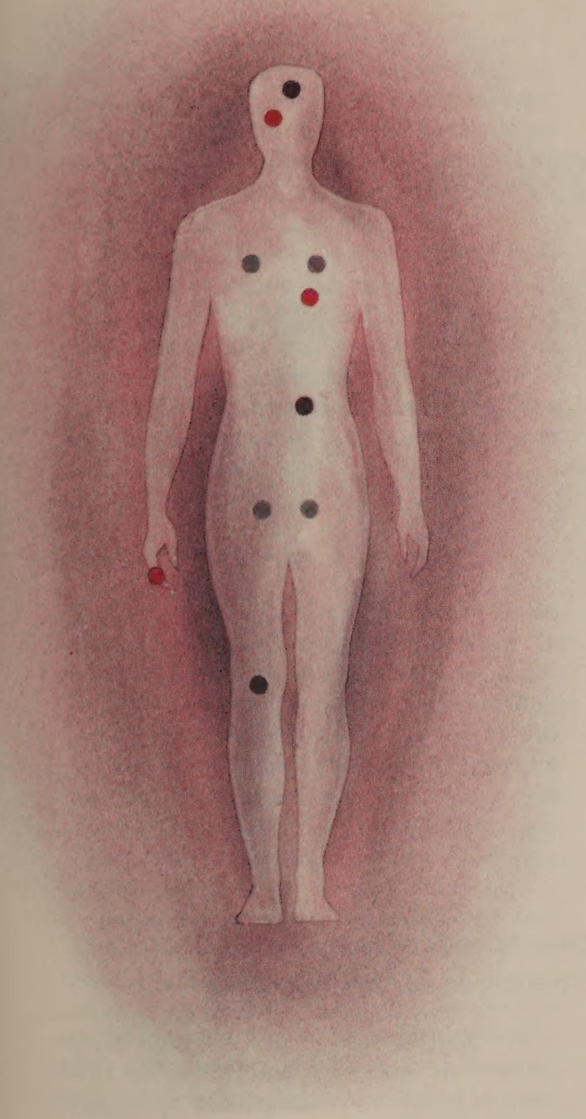
Calcium and phosphorus

Phosphate excretion in animals[1] was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies[3] demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only during a short period.

Protein and nitrogen balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.[3] At dosages two to three times normal levels, positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.[2,3]

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when ARISTOCORT was used in treating the nephrotic syndrome.[8]



Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to ameliorate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.[1]

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet[1] and cottonball[9] tests. It was found to be nine to 10 times more effective than hydrocortisone in this respect.

Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experimental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection.[10] Clinical studies[11] of patients on ARISTOCORT revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known.[12] The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. In general, it appears to maintain psychic equilibrium without producing cerebral stimulation or depression.

Bibliography

1. Experimental Therapeutics Section, Lederle Laboratories. To be published. 2. Bunim, J. J., Whedon, G., and Black, R. L.: Personal Communication. 3. Hellman, L., Zumoff, B., Schwartz, M. K., Gallagher, T. F., Berntsen, C. A., and Freyberg, R. H.: Antirheumatic and Metabolic Effects of a New Synthetic Steroid, paper quoted in Bull. Rheumat. Dis. 7: 130, 1957. 4. Spies, T. D.: South. M. J. *50*: 216, (Feb.) 1957. 5. Freyberg, R. H.: Personal Communication. 6. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at the International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 7. Hartung, E. F.: To be published. 8. Hellman, L., Zumoff, B., Kretschmer, N. and Kramer, B.: Personal Communication. 9. Dorfman, R. I., and Dorfman, A. S.: Personal Communication. 10. Gray, S. J., Ramsey, C. G., Villarreal, R., and Krakauer, L. J.: Edited by H. Selye and G. Heuser in: Fifth Annual Report on Stress, 1955-56. M.D. Publications, Inc., New York, 1956, p. 138. 11. Dubois, E. L.: Personal Communication. 12. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957.

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The Promise of Aristocort in Reduction of Side Effects

It is axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer used.

It has also become well recognized that the most serious of the major side effects from long-term corticosteroid treatment are peptic ulcers, osteoporosis with fracture, drug psychosis and euphoria, and sodium and water retention leading often to general tissue edema and hypertension.

It is significant that of the close to 400 patients on the lower dosage schedules found effective in bronchial asthma and dermatologic conditions, only 1 case of peptic ulceration has developed. No other of the above side effects have been observed even though ARISTOCORT was administered continuously to them for periods as long as one year.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are reported below.

Peptic Ulcer

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (2 of the 3 occurred in patients transferred from prednisone). In the remaining 532 cases recently analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when he was changed from another steroid.

Osteoporosis and Compression Fractures

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is 0.33 per cent (1 case[1]). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

Euphoria and Psychosis

The euphoria so commonly produced by all previous corticosteroids has seemed a most desirable attribute to patients. In penalty, however, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,[2] and toxic syndromes producing even convulsions and death.[3]

Since the onset of these complications is not directly related to duration of steroid administration,[4] the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

Sodium Retention—Hypertension—Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema.[5] Sodium and water retention, hypokalemia or hyperkalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT.[1,6]

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated.[7,8] Except in rare instances, or when unusually high doses are used (e.g., leukemia), the problem of edema and hypertension caused by sodium and water retention, has been eliminated with ARISTOCORT.

Minor Side Effects

Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids.[1] These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described as occurring with corticosteroid therapy, e.g., headaches, lightheadedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on ARISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis,[9] 70 per cent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. A general recommendation can be made that ARISTOCORT be used in doses two-thirds that of prednisone or prednisolone in the treatment of rheumatoid arthritis. There are individual variations, however, and each patient should be carefully titrated to produce the desired amount of disease suppression.

Comparative studies, of patients changed from prednisone, indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),[5] and in inflammatory and allergic skin diseases (33-50 per cent).[10,11]

General Precautions and Contraindications

Administration of ARISTOCORT has resulted in lower incidence of major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

No precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

Since ARISTOCORT has less of the traditional side effects, the appearance of sodium and water retention, potassium depletion, or steroid hypertension cannot be used as signs of overdosage. As a rule patients will lose some weight during the first few days of treatment as a result of urinary output, but then the weight levels off.

Patients do not develop the abnormally voracious appetite common to previous corticosteroid administration. In fact, some patients experienced anorexia, and it is advisable to inform patients of this and to recommend they maintain a normal intake of food, with emphasis on liberal protein intake.

While precipitation of diabetes, peptic ulcer, osteoporosis, and psychosis can be expected to appear rarely from ARISTOCORT, they must be searched for periodically in patients on long-term steroid therapy.

Traditional precautions should be observed in gradually discontinuing therapy, in meeting the increased stress of operation, injury and shock, and in the development of intercurrent infection.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. *The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.*

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Bunim, J. J.: Bull. New York Acad. Med. 33:461, 1957. 3. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957. 4. Goolker, P., and Schein, J.: Psychosom. Med. *15*:589, 1953. 5. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 6. Hartung, E. F.: Personal Communication. 7. Schroeder, H. A.: J.A.M.A. *162*:1362, 1956. 8. Thorn, G. W., Laidlaw, J. C., and Goldfein, A.: Ciba Found. Coll. on Endocrinology, J. & A. Churchill, Ltd., London, 8:343, 1955. 9. Freeman, H., Bachrach, S., McGilpin, H. H., and Dorfman, R. I.: Personal Communication. 10. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A. *165*:1821, 1957. 11. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.

Lederle

The Promise of Aristocort in Rheumatoid Arthritis

ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

Significant is the fact that most patients were *severe* arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of collateral hormonal effects had made discontinuance desirable.

Results of treatment

Freyberg and associates[1] treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation in this study: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. *In six patients, the ulcers healed while on doses of ARISTOCORT sufficient to control arthritic symptoms.*

Hartung[2] treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

Dosage and course of therapy

The initial dosage range recommended is 14 to 20 mg. per day—depending on the severity and acuteness of signs and symptoms. Dosage is divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This dosage schedule should be continued for two or three days, or until all acute manifestations of the disease have subsided, whichever is later.

The maintenance level is arrived at by reduction of the total daily dosage in decrements of 2 mg. every three days. The range of maintenance therapy has been found to be from 2 mg. to 15 mg. per day—with only a very occasional patient requiring as much as 20 mg. per day. Patients requiring more than this should not be long continued on steroid therapy.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out the required activities of normal living or to obtain reasonable comfort. The maintenance dose of ARISTOCORT to achieve this end is arrived at while making full use of all other established methods of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Hartung, E. F.: Paper presented at Florida Academy of General Practice, St. Petersburg, Florida, Nov. 2, 1957.

Lederle

The Promise of Aristocort in Respiratory Allergies

About 200 patients with respiratory allergies have been treated with ARISTOCORT *for continuous periods up to eight months.*

Results of treatment

Sherwood and Cooke[1,2] gave ARISTOCORT to 42 patients with bronchial asthma and allergic rhinitis. Average dose needed to control the asthmatic group was approximately 6 mg. per day (range, 2 to 14 mg.). Results, which were called "good to excellent" in all but four, were achieved on one-third less than similarly effective doses of prednisone or prednisolone.

The investigators noted other major improvements in ARISTOCORT therapy over the older steroids. There was no increase in blood pressure in any patient: *on the contrary, in 12 patients, there was reduction of pressure when they were transferred to* ARISTOCORT. One patient had required auxiliary antihypertensive drug therapy; over a nine-week period on ARISTOCORT, the pressure gradually fell from 206/100 to 136/79. In another case, the pressure slowly dropped from 205/105 to 154/86.

The number of cases in which these investigators tried ARISTOCORT in allergic rhinitis was not large enough to provide significant averages. However, the range of effective therapy was from 2 to 6 mg. per day. These strikingly low daily doses resulted in control of all signs and symptoms.

Schwartz[3] treated 30 patients with chronic, intractable bronchial asthma. At an average daily dose of 7 mg., he reported "good to excellent" results in all but one. Spies,[4] Barach[5] and Segal,[6] reported similar results at average daily maintenance doses of 4 to 10 mg. of ARISTOCORT.

Dosage and course of therapy

The initial dosage range recommended is 8 to 14 mg. of ARISTOCORT daily. Although a rare, very severe case may require more than this on the first day of therapy, these dosages will usually result in prompt alleviation of dyspnea, wheezing and cyanosis. Patients are soon able to carry out a normal span of daily activity.

The maintenance level is arrived at by reduction of the total daily dose every three days in decrements of 2 mg.; in the over-all series, the average daily dose for bronchial asthma is approximately 8 to 10 mg. and for allergic rhinitis, 2 to 6 mg. per day. All total daily doses should be divided into four parts and given with meals and at bedtime. As in every condition where corticosteroids are employed, each patient's treatment should be individualized and the maintenance arrived at by careful titration against signs and symptoms of disease.

Patients with chronic bronchial asthma may require steroid therapy for several months. And since asthma may be associated with cardiac disease, especially in the older age groups, ARISTOCORT is particularly useful because of its ability to cause excretion of sodium and water.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Schwartz, E.: Personal Communication. 4. Spies, T. D.: Personal Communication. 5. Barach, A. L.: Personal Communication. 6. Segal, M. S.: Personal Communication.

Lederle

The Promise of Aristocort

in Nephrotic Syndrome

Fourteen patients with the nephrotic syndrome have been treated with ARISTOCORT *for continuous periods of up to six weeks.*

Results of treatment

Hellman and associates[1,2] noted that ARISTOCORT, because of its favorable electrolyte effects, may well be the most desirable steroid to date in treatment of the nephrotic syndrome. However, thus far its use has been reported in only 14 children, of whom 8 had a complete diuresis and disappearance of all abnormal chemical findings. Four of the patients had diuresis, but continued to show some abnormal chemical findings, while two patients with signs of chronic renal disease failed to respond.

Dosage and course of therapy

In order to produce maximal response, 20 mg. should be given daily until diuresis occurs. The dose should then be decreased gradually and maintained around 10 mg. a day. After the patient has been in remission for some time, it may be advisable to diminish the dose gradually and discontinue ARISTOCORT.

in Pulmonary Emphysema and Fibrosis

Eleven patients with pulmonary emphysema and/or fibrosis were treated with ARISTOCORT *for continuous periods of over two months.*

Results of treatment

Only small series of cases observed by Barach,[3] Segal,[4] and Cooke,[5] are available. Barach treated patients who were not adequately controlled by prednisone, with the same dose of ARISTOCORT with significant improvement.

Dosage and course of therapy

The initial suppressive dose range recommended is 10-14 mg. daily. Frequently, there is a prompt decrease in cyanosis and dyspnea, with increase in vital capacity.

The average maintenance dose level was 8 mg. a day. If it is desired to maintain a patient on continuous therapy for some months, dosages as low as 2 mg. a day have been successful. All decreases in dosage should be gradual and at a rate of 2 mg. decrements in total daily amount, every two to four days. The daily dosage is divided into four parts and given with meals and at bedtime.

in Neoplastic Diseases

◇ *Forty-four children and adults have been given* ARISTOCORT *for palliative treatment of acute leukemia, chronic lymphatic leukemia, lymphosarcoma, lympholeukosarcoma and Hodgkin's disease.*

Results of treatment

Farber[6] has treated 22 children with acute leukemia for an average of three weeks. Of the 17 observed long enough to judge the efficacy of the medication, he rated five as excellent, three as good, two as fair and seven as poor responses.

Hellman and associates[7] gave ARISTOCORT to a group of patients with the various lymphomas in doses of 40 to 50 mg. a day—occasionally up to 100 milligrams. Treatment was continued in some cases for 17 weeks. Response was classified as good for the palliative purposes for which the drug was given.

Dosage and course of therapy

Massive initial suppressive doses of 40 to 50 mg. per day in children (1 mg./kg./day) and up to 100 mg. a day in adults have been administered.

Responses to any specific dosage in these conditions vary so widely that only a general dosage range can be indicated. Treatment must be individualized; rate of reduction in dosage and determination of maintenance levels cannot be categorized.

Miscellaneous

Patients with various other diseases have been treated by several clinical investigators. These include patients with osteoarthritis, acute bursitis, rheumatic fever, spondylitis, other "collagen-vascular" diseases (dermatomyositis, etc.), thrombocytopenic purpura, chronic eosinophilia, hemolytic anemia, diuretic-resistant congestive heart failures, and adrenogenital syndrome.

There have not been sufficient patients in any of the above categories to permit definitive treatment schedules to be finally established for ARISTOCORT. Additional studies are now in progress and physicians desiring information on any of these diseases are requested to write to Lederle Laboratories, Pearl River, New York for available data.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Presented at Nephrosis Conf., Bethesda, Md., Oct. 26, 1957. 2. Ibid: Personal Communication. 3. Barach, A. L: Personal Communication. 4. Segal, M. S.: Personal Communication. 5. Cooke, R. A.: Personal Communication. 6. Farber, S.: Personal Communication. 7. Hellman, L., Diamond, H. D., Ellison, R., Jaslowitz, B., Murphy, M. L., Tan, C. and Zumoff, B.: Personal Communication.

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he Promise of Aristocort

in Inflammatory and Allergic Skin Diseases

Over 200 patients with allergic and inflammatory skin diseases (including psoriasis, atopic dermatitis, exfoliative dermatitis, pemphigus, dermatitis herpetiformis, eczematoid dermatitis, contact dermatitis and angioneurotic edema) have been treated continuously with ARISTOCORT *for periods of up to eight months.*

Results of treatment

Rein and associates[1] treated 26 patients with severe dermatitis. Twenty-four had been on prednisone when changed to ARISTOCORT. While some had found satisfactory symptomatic relief, others had also developed side effects—moon face, buffalo hump, increased appetite with excessive weight increases and gastro-intestinal disturbances.

These investigators determined the equivalent dosage of ARISTOCORT to be approximately two-thirds that required to control symptoms on the previous corticosteroid. Thirteen of the 26, who had developed moon face, noted either an actual decrease or no further increase when transferred to ARISTOCORT. In addition: *Voracious appetites disappeared, with loss of weight in 11 patients; there was no elevation in blood pressure, and no necessity to restrict sodium or administer supplemental potassium.* Sherwood and Cooke,[2] and Shelley and Pillsbury[3] obtained similar results in allied disorders.

Hollander[4] first observed that ARISTOCORT appears to have striking affinity for the skin and great activity in controlling such diseases as psoriasis, for which other corticosteroids have been indifferently effective. Shelley and Pillsbury,[3] in 50 cases of acute extending psoriasis found that over 60 per cent were markedly improved.

Dosage and course of therapy

The recommended initial suppressive dose range is 14 to 20 mg. per day. In very severe cases, temporary dosages up to 32 mg. a day have been successfully employed. Once lesions are suppressed, gradually reduce dose to the maintenance level—which may be as low as 2 mg. per day.

Bibliography

1. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A., *165*:1821, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Shelley, W. B., and Pillsbury, D. M.: Personal Communication. 4. Hollander, J. L.: Discussion of Paper by Black, R. L., presented at International Congress on Rheumatic Diseases, Toronto, June 28, 1957.

in Disseminated Lupus Erythematosus

Forty patients with disseminated lupus erythematosus were treated with ARISTOCORT *for continuous periods of up to nine months.*

Results of treatment

Patients have responded very promisingly to therapy. Dubois[1] has had the largest single experience (28 cases) with ARISTOCORT in the treatment of this disease. He reported 25 of the 28 responded favorably.

Freyberg,[2] Hartung,[3] Hollander,[4] Spies,[5] and Segal,[6] each in smaller series of cases, reported similarly good therapeutic responses.

Dosage and course of therapy

The initial suppressive dose recommended is 20-30 mg. daily. Once the desired effect is achieved, the dose should be reduced gradually to maintenance levels (3 to 18 mg. per day).

In severely ill patients large doses may be required for several days in order to preserve life. Even on these large doses, edema and sodium retention have not occurred.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Dubois, E. L.: Personal Communication. 2. Freyberg, R. H.: Personal Communication. 3. Hartung, E. F.: Personal Communication. 4. Hollander, J. L.: Personal Communication. 5. Spies, T. D.: Personal Communication. 6. Segal, M. S.: Personal Communication.

Lederle

Medical Education Week . . .

Seek To Center Attention of Public on Ever-Increasing Contributions Of Medicine to the American Way of Life During Period of April 20-26

A NATIONWIDE salute to the medical schools of the country is being planned for the week of April 20-26, which has been designated as MEDICAL EDUCATION WEEK.

Co-sponsors are: American Medical Association; Association of American Medical Colleges; American Medical Education Foundation; National Fund for Medical Education; Student American Medical Association and the Woman's Auxiliary to the American Medical Association.

The general objective of the project is to focus the attention of the public on the ever-increasing contribution of medicine to American life and the basic significance of medical education.

County medical societies throughout the country have been furnished with comprehensive material including tips on community promotion, suggested newspaper releases, factual information on medical education and a radio and TV packet.

Suggested as part of community promotion are speeches to luncheon clubs and other organizations. Films are available for club showings.

The radio-TV packet includes spot announcements to be used during station breaks and a 30-minute script, to be adapted locally for radio or television.

To supplement radio and TV programs arranged locally, the National Medical Education Week Committee has sent packets of film clips, glass slides, spot announcements and other visual and written material directly to each radio and TV station throughout the country. The advertising Council, a national organization which publicizes service projects, has approved Medical Education Week, and an announcement to that effect will be carried in its March-April bulletin.

In his endorsement of Medical Education Week, President Eisenhower said: "In this great area of American Medicine, it is fitting that we set aside a special week each year to consider the work of our medical schools."

Officers of county medical societies in Ohio have been urged by Dr. Robert S. Martin, President of the Ohio State Medical Association, to cooperate in so far as practicable in the local observance of Medical Education Week. Mrs. Victor R. Frederick, President of the Woman's Auxiliary to the OSMA, has recommended to local auxiliaries that they offer their assistance to county medical societies in using the material which has been furnished for local promotion.

Dr. Martin also issued a news release to all Ohio newspapers, radio and TV stations announcing April 20-26 as Medical Education Week. Included was a statement on the significance of medical education; national data on medical schools, and data on the three Ohio medical schools, Ohio State, Western Reserve and Cincinnati, including the number of students, 1957 graduates and plans for expansion.

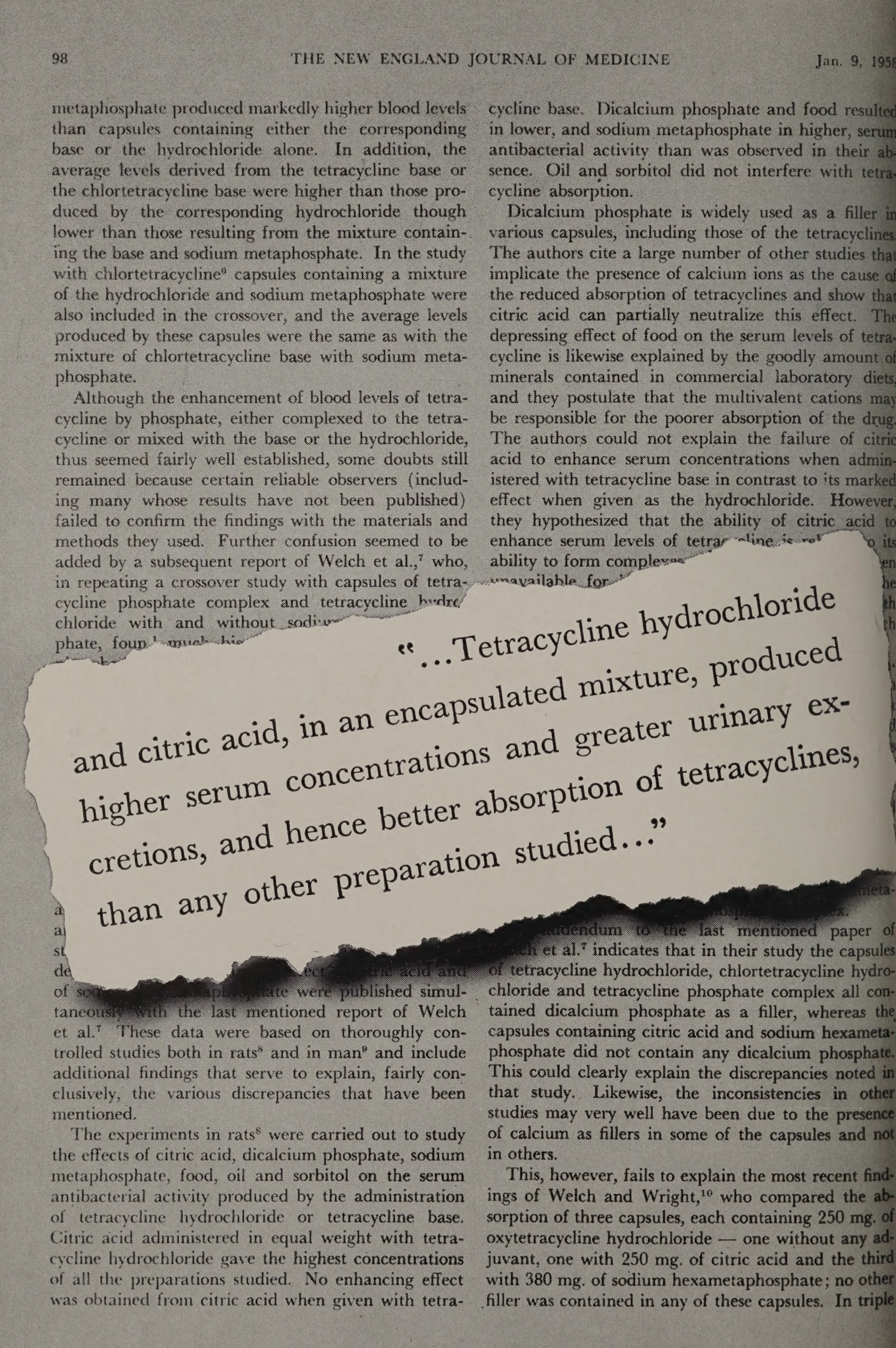
Conference on Solicitations in Cleveland, April 23-24

Current trends in the field of contributions will be the focal point of major addresses and discussions at the Fifth National Conference on Solicitations, to be held in Cleveland, April 23 and 24.

F. Emerson Andrews, director of the Foundation Library Center, New York City, and former director of philanthropic research at the Russell Sage Foundation, will deliver the keynote address—a review and analysis of contribution trends in the past year. Ralph H. Blanchard, executive director of United Community Funds and Councils of America, in a major speech, will discuss community chest trends. Dr. Norman P. Auburn, president of the University of Akron and immediate past president of the Council for Financial Aid to Education, will speak on present and future trends in corporate aid to education. Dr. Madison B. Brown, associate director of the American Hospital Association, will discuss the increasingly urgent subject of hospital needs and basis for support.

Three to four hundred registrants from commerce and industry and the professions are expected to be present. Physicians interested in this subject are invited.

The Conference advance registration fee of $45.00 includes all sessions, meals, social hours, banquet, and a copy of the proceedings. Reservations may be made by writing direct to the National Conference on Solicitations, Inc., 400 Union Commerce Bldg., Cleveland 14, Ohio.



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metaphosphate produced markedly higher blood levels than capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline[9] capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,[7] who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydr chloride with and without sodi phate, foun

"...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied..."

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of so ate were published simultaneously with the last mentioned report of Welch et al.[7] These data were based on thoroughly controlled studies both in rats[8] and in man[9] and include additional findings that serve to explain, fairly conclusively, the various discrepancies that have been mentioned.

The experiments in rats[8] were carried out to study the effects of citric acid, dicalcium phosphate, sodium metaphosphate, food, oil and sorbitol on the serum antibacterial activity produced by the administration of tetracycline hydrochloride or tetracycline base. Citric acid administered in equal weight with tetracycline hydrochloride gave the highest concentrations of all the preparations studied. No enhancing effect was obtained from citric acid when given with tetracycline base. Dicalcium phosphate and food resulted in lower, and sodium metaphosphate in higher, serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracyclines. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets, and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetra o its ability to form comple en unavailable for

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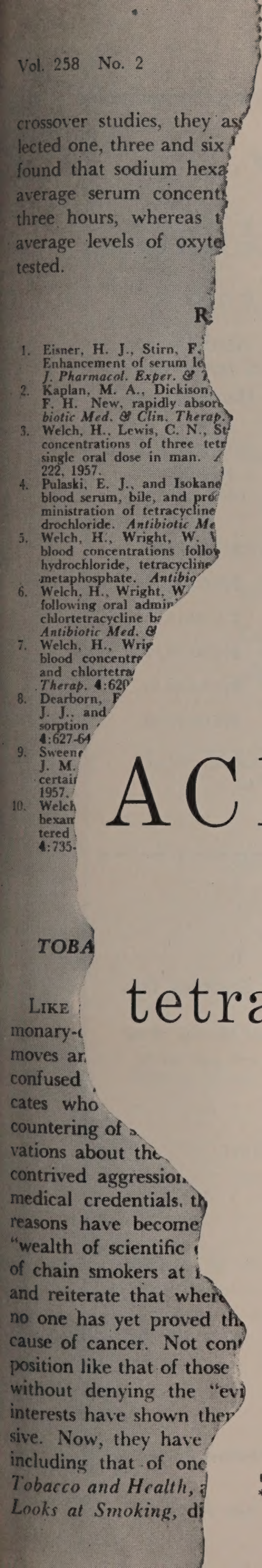
addendum to the last mentioned paper of ch et al.[7] indicates that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexametaphosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in other studies may very well have been due to the presence of calcium as fillers in some of the capsules and not in others.

This, however, fails to explain the most recent findings of Welch and Wright,[10] who compared the absorption of three capsules, each containing 250 mg. of oxytetracycline hydrochloride — one without any adjuvant, one with 250 mg. of citric acid and the third with 380 mg. of sodium hexametaphosphate; no other filler was contained in any of these capsules. In triple



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1. Eisner, H. J., Stirn, F.
Enhancement of serum le
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2. Kaplan, M. A., Dickison,
F. H. New, rapidly absor
biotic Med. & Clin. Therap.
3. Welch, H., Lewis, C. N., St
concentrations of three tetr
single oral dose in man.
222, 1957.
4. Pulaski, E. J., and Isokane
blood serum, bile, and pro
ministration of tetracycline
drochloride. *Antibiotic Me*
5. Welch, H., Wright, W.
blood concentrations follo
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metaphosphate. *Antibio*
6. Welch, H., Wright, W.
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7. Welch, H., Wri
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Therap. 4:620
8. Dearborn, F
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9. Sweene
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The New England Journal of Medicine.
258:97-99, (January 9) 1958

ACHROMYCIN* V

TETRACYCLINE HCl BUFFERED WITH CITRIC ACID

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tetracycline and citric acid

Lederle

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
*Reg. U. S. Pat. Off.

Hotel Reservation!

For the 1958 Annual Meeting
Ohio State Medical Association
April 15, 16, and 17 — Cincinnati

It's a bit late, but worth trying if you haven't already made your hotel reservations. Best policy for late reservations is to phone or wire the hotel of your choice. Here are some leading downtown Cincinnati Hotels:

NAME OF HOTEL	SINGLE	DOUBLE	DOUBLE TWIN BEDS
NETHERLAND HILTON HOTEL, Fifth & Race Sts.	$ 7.00-11.50	$12.50-15.50	$13.00-21.00
BROADWAY HOTEL, Fourth & Broadway	$ 4.50- 7.00	$ 7.00- 9.50	$10.00-15.00
METROPOLE HOTEL, 609 WALNUT ST.	$ 5.50- 8.50	$ 8.50-12.00	$ 9.50-15.00
SHERATON-GIBSON HOTEL, 42 Walnut St.	$ 5.85-13.00	$ 9.85-16.00	$11.00-17.50
SINTON HOTEL, Fourth & Vine Sts.	$ 6.00-11.50	$ 9.00-13.50	$11.50-14.50
TERRACE HILTON HOTEL, 15 West 6th St.	$12.00-18.00		$16.00-22.00

Persons who desire suites or other additional accommodations are advised to specify their needs to the hotel of choice.
(All rates subject to change)

HOTEL RESERVATION BLANK

Mail the coupon to hotel selected

Manager .... Hotel, Cincinnati, Ohio
(Name of Hotel)

You are requested to reserve the following accommodations during the period of the Annual Meeting of the Ohio State Medical Association, April 15, 16, 17, 1958, or for such other period as may be indicated herein.

☐ Single Room with Bath ☐ Double Room with Bath Price..........................

☐ Twin Bed Room with Bath ☐ Additional Accommodations (Specify)

Arriving April.............................. at.................... A.M.......................... P.M.

PLEASE VERIFY MY RESERVATION

Name..

Address..

....

A Quick Checklist on the . . .

1958 Annual Meeting, Ohio State Medical Association, The Netherland Hilton Hotel—Cincinnati—April 15, 16 and 17.

√ Have You Made Arrangements To Attend?

Refer to the March issue of *The Journal* in which the complete program is printed. In that issue are details of Specialty Section programs, other scientific and clinical discussions, Specialty Society programs, Scientific and Educational Exhibits, Technical Exhibits, sessions of the House of Delegates, alumni and other organization get-togethers.

√ Have You Ordered Your Annual Banquet Tickets?

This is the featured social event of the Annual Meeting. The time is Wednesday, April 16, beginning at 7:30 p. m. You can get tickets at Reservation Headquarters, Netherland Hilton. The charge is $7.50 per plate. The price includes tips and tax and will cover cost of dinner, an evening of entertainment and dancing.

√ Have You Made Your Hotel Reservations?

If not, the facing page gives you information on this subject. Better phone the hotel of your choice and make arrangements.

Make It a Date with Your Colleagues:

The 1958 Annual Meeting — Cincinnati — April 15, 16 and 17

Proceedings of The Council . . .

Heavy Docket Considered at March 1 Meeting; Matters Relative To VA Medical Program; Medicare; Ohio Medical Indemnity Acted Upon

A REGULAR meeting of The Council of the Ohio State Medical Association was held in the Columbus office on Saturday afternoon and evening, March 1, 1958. All members of The Council were present. Also present were the following: Dr. Charles L. Hudson, Cleveland, Past-President and chairman of the Committee on Medical Services; Mr. John Eastman, Toledo, representing Mr. Wayne E. Stichter, legal counsel, who was unable to attend because of illness; Mr. Charles H. Coghlan, Executive Vice-President of Ohio Medical Indemnity, Inc., and Messrs. Nelson, Saville, Page, Edgar and Moore.

By official action, the minutes of the meeting held on December 14 and 15 **were approved.**

The Executive Secretary reported on membership as follows: Number of members of the OSMA as of March 1, 1958, 7,700, of which 6,860 have affiliated with the AMA.

Actions on By-Laws

Action was taken as follows on revisions adopted by certain County Medical Societies in their constitution and by-laws:

New constitutions and by-laws adopted by the Gallia County Medical Society and the Ottawa County Medical Society **were approved** as submitted.

Revised constitutions and by-laws submitted by the Coshocton County Medical Society and by the Van Wert County Medical Society **were approved**, providing such societies make slight changes in the wording in order to bring such documents into conformity with the OSMA Constitution and By-Laws.

Amendments adopted by the Toledo Academy of Medicine on January 15, 1958, **were approved** as submitted.

Action was deferred on a revised constitution and by-laws submitted by the Wayne County Medical Society due to the fact that certain provisions were in conflict with the OSMA Constitution and By-Laws.

A communication from the Summit County Medical Society, asking certain questions about the possibility of adoption of a code of regulations to govern activities other than those covered by the by-laws of the society, **was referred** to legal counsel for study and advice.

Auxiliary By-Laws

A set of proposed amendments to the Constitution and By-Laws of the Woman's Auxiliary to the Ohio State Medical Association, to be voted on at the April meeting of the Auxiliary, was reviewed by The Council as required by the Constitution and By-Laws of the Auxiliary. By official action, The Council **approved** all of the proposed amendments except suggested amendments to Chapter 5 of the By-Laws of the Auxiliary relating to the filling of vacancies in office. The proposed amendments which received Council approval may be submitted by the Auxiliary to the 1958 meeting for action.

Committee on Medical Services

The Council received a report from Dr. Charles L. Hudson, chairman of the Committee on Medical Services, with regard to a meeting of that committee on Wednesday, January 29, which meeting was attended by representatives of the State Welfare Department and Division of Aid for the Aged. By official action, The Council **approved** the report of the committee on that meeting.

V. A. Medical Care Plan

The Council considered a communication from the Veterans Administration suggesting that the Association might wish to discontinue its formal contractural agreement covering hometown care of veterans.

By official action, **The Council voted** that the formal contract with the Veterans Administration **should be discontinued** at the end of the present fiscal year, namely, June 30, 1958.

By official action, The Council **instructed** the Committee on Medical Services to confer with the Veterans Administration with regard to changes in the schedule of allowances for medical services in Ohio. Specifically, The Council suggested to the committee that it work out with the V. A. a schedule of allowances which would be a combination of the current schedule and the national Guide for Charges for Medical Services, M-1, Appendix A, V. A. Catalog No. 5.

Medicare

Communications from General Robinson, Executive Director, Office for Dependents Medical Care, Washington, were reviewed. These communications asked whether or not the Association would consider entering into a contractural relationship with the Government on the Medicare program during the coming fiscal year starting July 1, 1958, and requested the Association to send representatives to Washington to confer with the Medicare officials on a revised schedule of allowances for Medicare services in Ohio.

After an extensive discussion of this subject; a review of the previous policy of the Association on the Medicare program; and an analysis of the Medicare activities in Ohio during the past year, The Council, by official action, **adopted** the following as an official reply from the Ohio State Medical Association to General Robinson on the matters covered in his communications to the Association:

"The Council of the Ohio State Medical Association on March 1, 1958, gave careful consideration to your letters of November 27 and December 13, 1957, and to the revised Medicare Manual which accompanied your letter of December 13.

"By official action, The Council reaffirmed the policy of the Ohio State Medical Association on the Medicare Program, adopted on November 11, 1956.

"As you know, that policy precludes the Association from entering into contractual arrangements with the Government on Medicare matters because of a difference of opinion between the Government and the Ohio State Medical Association on certain basic principles which were enumerated in the statement of policy.

"Your letter of November 27 stated your records indicate that about 20 per cent of the physicians of Ohio have been participating in the Medicare Program and that your relationship with them has been satisfactory.

"This would indicate that the schedule of allowances which you used in 1957 in Ohio should be maintained during 1958 and that allowances for **new items** should be established by your department at comparable amounts.

"On the matter of setting up separate allowances where surgery is performed by one physician and the aftercare supplied by another, The Council respectfully points out that it is customary in Ohio for the physicians involved in flat-allowance cases to decide how much of the total maximum allowance each is entitled to, based on the extent of the services rendered, and for each physician to submit his own separate bill for the amount agreed upon. The Council believes that this policy should be followed in administering the Medicare Program in Ohio.

"The Council suggests that the policies and procedures applying to anesthesia and assistants be continued as set forth in the current Ohio Manual.

"In conclusion, The Council again respectfully urges your department and your superiors to revise the Medicare rules and regulations to permit operation of the program on an indemnity basis where desired."

Atlanta Meeting

Dr. Hudson presented a report on a meeting in Atlanta, Georgia, on January 11 and 12, 1958, attended by representatives of about a dozen medical associations for the purpose of discussing ways to get the Government to allow the Medicare program to operate as an indemnity-type plan. Dr. Hudson had been sent to the meeting as an official representative of the OSMA. He read to The Council the following recommendation of the Atlanta conference:

"The representatives of state medical associations meeting in Atlanta, Georgia, January 11-12, 1958, to consider Medicare object to the administrative regulations of the program.

"Specifically, they take exception to the imposition of a service-type program, because of their convictions that under P. L. 569 an indemnity-type plan is permissible. Further they express their sincere belief that an imposed service-type program interferes in principle and in practice with the doctor-patient relationship and contributes to deterioration of good medical practice.

"They consider it imperative for these and other state associations jointly to petition the appropriate congressional committees and the Secretary of Defense to permit negotiation of an indemnity program at the time of renewal of Medicare contracts.

"They therefore agree to request their associations to petition the appropriate congressional committees and the Secretary of Defense in this regard, in a concerted action, at the earliest moment permitted by approval of the associations concerned."

A letter dated February 24 from the Medical Association of Georgia, asking what action the Ohio State Medical Association had taken on the Atlanta recommendations, was discussed. After a thorough discussion, **The Council, by official action,** stated that while it was in agreement with the recommendation of the Atlanta conference that follow-up action with respect to the indemnity matter should be taken, The Council felt that the best follow-up procedure at this time would be for the interested states to officially request the Board of Trustees of the AMA to take more forceful action with the Government in an effort to have the Medicare regulations amended, or the law itself changed, to permit the Medicare program to operate as an indemnity-type plan in areas where this is desired. It was the belief of The Council that it would be much more effective to have the educational follow-up activities carried on by the AMA than by a relatively few state societies.

OASI Program

The Executive Secretary submitted a report on a conference he had held with representatives of the OASI disability section of the Bureau of Vocational Rehabilitation with regard to fees paid for examinations made by internists at the request of the Bureau. He pointed out that an increase has been made in the fee from $15.00 to $20.00 and that a revised letter is now being sent to internists, pointing out that additonal fees are paid for diagnostic evaluation tests which are required in addition to the history, physical examination and report.

The Executive Secretary was instructed to convey this information to the Ohio Society of Internal Medicine to ascertain whether or not this meets the questions which that society had raised regarding the fees and procedure.

Third-Party Programs

There was a general discussion of questions relating to third-party medical care programs, including comments by Dr. Hudson and a report by Mr. Saville on the recent meeting of the AMA Public Relations Advisory Committee of which he is a member, at which meeting the question of an educational program on this subject was discussed. It was generally agreed that a general educational program on third-party medical care plans is desirable but that how such programs should be carried on needs very thorough study. It was agreed that the OSMA should not proceed with anything definite until the AMA has had an opportunity to draft some tangible recommendations for consideration. The matter was left in the hands of the Committee on Medical Services for study and future action.

Annual Meeting

The Executive Secretary reported on arrangements for the 1958 Annual Meeting in Cincinnati, April 15, 16, 17.

Ohio Medical Indemnity

The Council received a report on a conference held in the Columbus office of the OSMA on January 12, at which the subject of inclusion of diagnostic x-ray and laboratory procedures in the Ohio Medical Indemnity schedule of indemnities was discussed. The meeting was attended by representatives of the Ohio State Medical Association, Ohio Medical Indemnity, Inc., Ohio State Radiological Society and the Ohio Society of Pathologists. In discussing the report, Mr. Coghlan, Executive Vice-President of OMI, pointed out that a committee of OMI has scheduled a series of conferences with representatives of the radiologists and pathologists to give further consideration to this matter.

Northeast Blue Cross

Mr. Coghlan reported on negotiations which are taking place between OMI and the Northeast Ohio Blue Cross organization with regard to continuing a working relationship in the Akron area. He pointed out that the Akron Blue Cross plan had been absorbed by the new organization and that this necessitated a revamping of the working arrangements.

Board Members Nominated

A nominating committee consisting of Drs. Woodhouse, Artman and Hamwi presented a report recommending nominees for the Board of Directors of Ohio Medical Indemnity to be voted on at the annual stockholders' meeting, April 23, 1958.

The committee reported to Council that Dr. Sherburne, Columbus, Dr. Mundy, Toledo, and Dr. Allison, Akron, who have served faithfully and competently on the OMI Board and have been very valuable members of the Board, have requested that their names not be presented for renomination and re-election. The committee reported that it reluctantly **recommends** to The Council that the wishes of the three physicians be complied with and that in taking this action The Council commend and thank them for their excellent contribution to the conduct of the business of Ohio Medical Indemnity.

The committee **placed in nomination** the following to succeed Drs. Sherburne, Mundy and Allison: Dr. Perry R. Ayres, Columbus; Dr. Gordon M. Todd, Toledo, and Dr. Robert S. Martin, Zanesville. By official action, The Council **approved** the nominations and ordered that such names be presented to the stockholders of Ohio Medical Indemnity for action on April 23.

The committee **recommended** that the following members of the OMI Board be renominated: Dr. H. M. Clodfelter, Columbus; Dr. R. Dean Dooley, Dayton; Mr. D. A. Endres, Youngstown; Dr. D. W. English, Lima; Mr. Clair E. Fultz, Columbus; Dr. Charles N. Hoyt, Chillicothe; Mr. Fred D. Learey, Columbus; Msgr. Robert A. Maher, Toledo; Dr. J. Stewart Mathews, Cincinnati; Mr. Richard M. Ross, Columbus; Dr. George L. Sackett, Cleveland; Dr. L. Howard Schriver, Cincinnati; Mr. Harold W. Slabaugh, Akron; Dr. Robert G. Smith, Circleville; Mr. David L. Temple, Dayton; Mr. James V. Walker, Columbus; Dr. Edmond K. Yantes, Wilmington; Dr. Starling C. Yinger, Springfield.

By official action, The Council **approved** this recommendation and ordered these names submitted to the stockholders for action.

On recommendation of the committee and by official action, The Council **authorized** the following to cast the votes of the Ohio State Medical Association, a stockholder, at the annual stockholders' meeting of OMI on April 23, 1958, on all business matters coming before that meeting, including the election of directors placed in nomination by The Council at its meeting on March 1, 1958: Dr. H. M. Clodfelter, Columbus, or Dr. Edmond K. Yantes, Wilmington, or Mr. Charles S. Nelson, Columbus.

Medical Assistants

Dr. Petznick reported on a conference held in the Columbus office on January 25 attended by himself and Dr. Orr, two members of the special committee of the OSMA on Medical Assistants, and by representatives of the Ohio State Society of Medical Assistants for the purpose of working out suggested changes in the constitution and bylaws of the Ohio State Society of Medical Assistants. He stated that the matter is now in the hands of the medical assistants group and that further consideration by The Council would not be required until some agreement has been reached by that organization on the constitution and bylaws and on other organization matters.

Student Lectures

Drs. Mayfield and Artman presented reports on the lectures for medical students given at the University of Cincinnati and Ohio State University. A statistical report was presented by Mr. Edgar regarding attendance. It was agreed that the one-day plan for the lectures was a definite improvement over the plan of past years and that the one-day plan should be continued. Mr. Edgar reported that the lectures will start at Western Reserve University during the week of March 3.

Salk Polio Vaccine Ad

The Council **authorized** the running of an advertisement from the Public Relations Department of the AMA on Salk vaccine reminder cards in an early issue of *The Journal.*

Malpractice

A communication from the American Medical Association, requesting the Association to take part in the formation of a joint medical and hospital liaison committee on a state level for the purpose of discussing professional liability matters, was **deferred** for further consideration.

C-3 Claims

The Executive Secretary reported on conferences held with the administrator of the Bureau of Workmen's Compensation on the matter of endeavoring to have the numbers of C-3 claims sent to physicians. He advised The Council in detail of reasons set forth by the Bureau as to why this could not be done. The Council **agreed** that the arguments presented by the Bureau are reasonable and that these reasons could be cited to any individual member inquiring about this particular subject.

Federal Legislation

The status of Federal legislation, including the Forand Bill and the Jenkins-Keogh Bill, was discussed briefly. It was pointed out that Dr. Howard of the AMA would comment on these matters at the County Society Officers Conference on March 2.

AMEF Figures for 1957

Reporting for Dr. Merrill D. Prugh, Ohio chairman for the American Medical Education Foundation, Mr. Saville stated that Ohio's contribution to AMEF in 1957 was a record-breaking $33,141.87 from 717 donors. Comparable figures for 1956 were: $27,724.78 from 587 contributors. The amount contributed by medical alumni directly to their own schools in 1957 is not yet available. In 1956, such contributions numbered 2,535 for a total of $113,527.92.

Medical Education Week

On recommendation of Mr. Saville, The Council **approved** the following outline of activities of the OSMA with regard to participation in medical education week, April 20-26, 1958:

1. **News release** to newspapers, radio and TV stations, quoting Dr. Martin as President. This would include:
    (a) Statement on significance of medical education.
    (b) National data on medical schools.
    (c) Data on 3 Ohio schools, showing number of students, 1957 graduates and plans for expansion.
2. **Bulletin to all county medical societies** urging them to utilize, where practicable, promotional material mailed to them direct by AMA. This material will include:
    (a) Community promotion packet.
    (b) Radio and television packet.
    (c) Newspaper packet.

Among the material to be furnished are: Fact sheets for the use of luncheon club speakers; lists of films available for club showings; spot announcements for radio and TV; and other promotional tips designed to arouse community interest in Medical Education Week.

3. **Special Bulletin** to academies of medicine in Cleveland, Columbus, and Cincinnati, urging their cooperation with the three medical schools on local radio and TV programs.
4. **Communication to state officers of Woman's Auxiliary** to O. S. M. A. urging them to recommend to local auxiliaries that they offer their assistance to county medical societies in the local promotion of Medical Education Week.

Traffic Safety Conference

The President was **authorized** to select an official representative from the Association to the National Conference on Traffic Safety, Sherman Hotel, Chicago, April 1-2. Dr. Martin requested

Dr. Woodhouse, the President-Elect, to make this selection and work out the details.

Lung Cancer Study

The Council **approved** a study of lung cancer deaths by the National Cancer Institute and the National Office of Vital Statistics in cooperation with the various State Health Departments, including the Ohio Department of Health, using death certificates and information obtained from the relatives of decedents as to the smoking habits of such decedents.

Future Planning Committee

Dr. Meiling reported, as follows, for the Committee on Future Planning:

> "The Preston Cook Real Estate Company of Columbus, Ohio, has informed this committee that the property located at the southwest corner of East Broad Street and Sixth Street is for sale and might well be considered for the site of the future home of the OSMA. This property is currently in use as a parking lot and the asking price is $135,000.00.
>
> "This property is as close to the center of the City of Columbus as is apt to be available in the next several years. It has a frontage on both Broad and Sixth Streets and there is a paved alley across the southern most boundary of this property which is approximately 180x250 feet.
>
> "The committee awaits the suggestions of The Council re the further investigation of this real estate or other as it may become available."

By official action, The Council **instructed** the committee to make further investigation of this particular piece of property and any other properties which might be brought to their attention.

The Council **instructed** the Executive Secretary to send a message to Mr. Stichter, expressing the hope for his immediate recovery from the illness which prevented him from attending this meeting.

The Council then adjourned.

Attest: CHARLES S. NELSON,
Executive Secretary.

New Business Manager Is Appointed

Mr. Russell H. Clark, formerly staff assistant to the vice-president and general manager of the Chicago Tribune Company, has been formally appointed business manager, with all AMA business activities under his supervision.

Thomas R. Gardiner, with 48 years with the AMA, is giving up his full-time business manager position to become consultant on advertising and technical exhibits. He joined the AMA April 2, 1909, and has played an important role in the tremendous growth of AMA business activities.

Northern Tri-State Association Announces Program May 8

The Northern Tri-State Medical Association, composed of physicians of the adjoining areas of Ohio, Michigan and Indiana, has announced its annual program to be held Thursday, May 8. Place is the Morris Inn, University of Notre Dame Campus, South Bend, Ind. The program has been announced as follows:

(Central Daylight Saving Time)

8:00 Registration.

9:00 Welcome. R. A. Fargher, M. D., President; Keith E. Selby, M. D., President of St. Joseph County Medical Society.

9:15 **"Dynamics of Geriatrics,"** C. Howard Ross, M. D., Ann Arbor, Mich.

10:00 **"Fever of Undetermined Origin,"** Frank J. Heck, M. D., Mayo Clinic.

10:45 **"What You Can Do with Your Money—If You Have Any?"** Don Juan Fernandez, of Merrill, Lynch, Pierce, Fenner & Smith, Chicago, Ill.

11:30 Social Hour, Courtesy of Wayne Pharmacal Co.

12:00 Luncheon at Morris Inn.
- A. Invocation, Rev. Philip S. Moore, C.S.C., Vice-President, Academic Affairs, Univ. of Notre Dame.
- B. Remarks, Kenneth Olson, M. D., President-Elect, Indiana State Medical Association, South Bend, Indiana.
- C. Address: **"Medical-Public Responsibility,"** by The Honorable G. Mennen Williams, Governor of the State of Michigan.
- D. Short Business Meeting.

2:00 **"What's the Use of God?"** Rev. Calvin W. Didier, Presbyterian Church, La Porte, Indiana. (This should be of interest to both doctors and their wives.)

2:45 **"The Anticoagulants—Where Are We Now ?"** Karl Paul Link, Ph. D., Univ. of Wisconsin. (Recently given the Lasker Award for the discovery of Dicumarol.)

3:00 **"Gynechiatry,"** William B. Keller, M. D., Louisville Kentucky General Hospital.

Entertainment for the ladies has been arranged for the afternoon.

Registration and dues amount to $5.00. An additional fee of $5.00 per person should be included for luncheon. Registration accompanied by check may be mailed to: Charles M. Burgess, M. D., 23235 Woodward Ave., Ferndale 20, Mich.

QUESTIONS FOR CONSIDERATION BY OSMA HOUSE OF DELEGATES IN CINCINNATI

AMONG the questions which will be considered by the House of Delegates of the Ohio State Medical Association at the 1958 Annual Meeting, April 15, 16 and 17, Cincinnati, are the following proposed resolutions. These were submitted to the Columbus Office in time for publication in the April issue of *The Journal.* Other resolutions, no doubt, will be presented at the first session of the House of Delegates on Monday evening, April 14.

Resolution No. 1

This resolution will be submitted on behalf of the Coshocton County Medical Society:

WHEREAS, There has arisen a problem to the physicians of Ohio relative to their status in regards to payment for their services to certain individuals covered by third-party payment plans and,

WHEREAS, The principle of indemnity payments has been repeatedly endorsed by the House of Delegates of the Ohio State Medical Association and the Council of the Ohio State Medical Association and,

WHEREAS, The House of Delegates of the Ohio State Medical Association by action at the Annual Meeting in 1956 affirmed that it was not the province of a third-party to qualify any physician as to his ability or professional standing and,

WHEREAS, Certain third-party groups, notably the Welfare and Retirement Fund of the United Mineworkers of America, have restricted their payments to individuals and hospitals selected by the third-party without the recipient of the services having any voice in such selection and,

WHEREAS, Such action as detailed in the paragraph next above prohibits many qualified physicians and hospitals from rendering care to individuals entitled to care under such plans and, more importantly, tends to lower the quality and availability of medical care to which such individuals are entitled,

THEREFORE BE IT RESOLVED, That this House of Delegates suggest that a plan be evolved whereby the third-party deal directly with the recipient of any benefits and that the beneficiary deal directly with the physician or hospital involved and,

That such a plan be effective for any legally licensed physician in Ohio and any hospital accredited by the Joint Commission on Accreditation of Hospitals and,

That a copy of this resolution be sent to Dr. Warren Draper, Administrator of the Welfare and Retirement Fund of the United Mineworkers of America, with a request that he consider it and make reply and comments to our President, Dr. George Woodhouse, 79 East State St., Columbus, Ohio.

Resolution No. 2

Resolution No. 2 will be submitted by Dr. Charles W. Pavey, delegate from Franklin County:

WHEREAS, The Ohio State Medical Association has for several years endorsed the Essay Contest for High School Students, of the Association of American Physicians and Surgeons (Titles: The Advantages of Private Medical Care or The Advantages of The American System of Free Enterprise) and

WHEREAS, The need for such a contest seems to increase each year and

WHEREAS, This contest has received increasing sponsorship throughout Ohio by the Auxiliaries of the County Medical Societies and

WHEREAS, Such approval by the House of Delegates of the Ohio State Medical Association is essential to the continuing sponsorship by the State and local auxiliaries

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Ohio State Medical Association for 1958 go on record as approving this contest and recommending it to the Woman's Auxiliary for sponsorship.

Resolutions No. 3, 4 and 5

Resolutions No. 3, 4 and 5 will be presented by the delegates of the Academy of Medicine of Cincinnati and Hamilton County:

Resolution No. 3

WHEREAS, The Ohio State Medical Association deemed it necessary to adopt and promulgate a policy regarding the determination of the ethical status of physicians participating in third party medical plans, and

WHEREAS, Local county medical societies may be compelled to use the policy presented before governmental agencies and courts of law, and

WHEREAS, The general principle of free choice of a physician by a patient has been upheld by the Ohio State Medical Association and the American Medical Association,

THEREFORE BE IT RESOLVED, That the words "a reasonable degree of" be deleted from conclusions and recommendations on page 12, paragraph 2 (e), of the Statement of Policy, thereby causing paragraph 2 (e) to read "Deny to the members of the community in which the physician practices, free choice of a physician or physicians."

Resolution No. 4

WHEREAS, The Division of Aid For The Aged, Department of Public Welfare, is experiencing difficulty in administering its medical program, and

WHEREAS, This program has received widespread criticism, and

WHEREAS, The medical profession is desirous of assisting this agency of the State of Ohio to function in an efficient manner,

THEREFORE BE IT RESOLVED, That the Ohio State Medical Association offer the services of a committee to deliberate with the Division of Aid For The Aged, Department of Welfare of the State of Ohio, and to propose the formation of a sound, equitable, and workable program, including a recommendation for the adoption of an adequate medical fee schedule.

Resolution No. 5

WHEREAS, The present Constitution and Bylaws of the Ohio State Medical Association, Chapter II, Section I, specify that a Doctor of Medicine must be retired from the active practice of medicine to be eligible for exemption of annual dues, and

WHEREAS, It is felt that a member in good standing of this Society, who has attained the age of seventy (70) years, should be eligible for exemption from the annual dues of this Society regardless as to whether or not he is engaged in the active practice of medicine,

THEREFORE BE IT RESOLVED, That Chapter II, Section I, of the Bylaws of the Ohio State Medical Association be amended by the insertion of a third paragraph to read as follows:

"Provided also that a Doctor of Medicine who is a member in good standing of this Association, at the time of his attainment of the age of seventy (70) years, shall be exempt from the payment of dues and assessments in this Association, provided he requests such exemption and such request is approved, in writing, by the Secretary-Treasurer of his component Society."

Resolution No. 6

Resolution No. 6 will be presented on behalf of the Wood County Medical Society. It reads as follows:

WHEREAS, In order to produce, process and preserve foodstuffs for human consumption, it is necessary to bring into the State of Ohio migrant laborers; and

WHEREAS, These people do not reside in the State of Ohio or the various counties of the state long enough to become legal residents; and

WHEREAS, They need, from time to time, medical care rendered by physicians and hospitals of Ohio; and

WHEREAS, They often do not, on their own volition, reimburse the said physicians or hospitals for medical care,

BE IT RESOLVED, That by law, all migrant laborers and their dependents be insured to cover the cost of medical care while in the State of Ohio; and

BE IT FURTHER RESOLVED, That all employers of migrant labor be required by law to ascertain that such insurance is available, in lieu thereof, be responsible for all medical care of migrant laborers and their dependents; and that every possible means be used to make this the law of the State of Ohio.

New Members of OSMA

The following are the names of the new members of The Ohio State Medical Association since January 2, 1958. The list shows the county in which they are affiliated, city in which they are practicing, or temporary address in cases where physicians are taking postgraduate work.

Ashtabula County
Karlis N. Pope, Andover

Athens County
Izak L. Weber, Coolville

Belmont County
Heinz Lord, Barnesville

Butler County
Peter A. Ammentrop, Middletown
Robert P. Johnson, Middletown

Crawford County
Robert D. Myers, Crestline

Cuyahoga County
Alexander L. Herland, Cleveland
Stanley Hrynkiewich, Cleveland
Sidney King, Cleveland
John R. Judge, Cleveland
Louis Rakita, Cleveland
John W. Russell, Cleveland

Darke County
Charles E. Gariety, Greenville

Delaware County
Robert W. Brannon, Delaware

Erie County
Mario Tamburini, Sandusky
Sigismund Vechey, Sandusky

Franklin County
Richard W. Booth, Columbus
Roy L. Donnerberg, Columbus
Daniel W. Elliott, Columbus
Edwin B. Hamilton, Columbus
W. Beale Lutz, Columbus
Dale H. Magleby, Columbus
Jack Marks, Columbus
Isadore Mendel, Columbus
Thomas K. Oliver, Columbus
Mark Panitch, Columbus
Malcolm L. Robbins, Columbus

Fulton County
Donald A. Stotzer, Archbold

Gallia County
Odell C. Kimbrell, Jr. Gallipolis

Greene County
Quinten L. Erd, Jamestown
Richard A. Falls, Xenia
John L. Wolff, Xenia

(Continued Next Column)

(New Members of OSMA—Continued)

Guernsey County
L. John Albuquerque Cambridge

Hamilton County
Marcus B. Bond, Cincinnati
Raul Florez, Cincinnati
Alvin Friedman, Cincinnati
Nell K. Levy, Cincinnati
Thomas L. Jones, Cincinnati
Janus C. Lindner, Cincinnati
James F. Stewart, Cincinnati

Hardin County
Jack C. Lindsey, Kenton

Huron County
Wilfred B. Dodgson, Norwalk
William B. Holman, Norwalk

Lawrence County
Dean F. Massie, Ironton

Logan County
John J. Roget, Belle Center

Lorain County
Arnold Windt, Elyria

Lucas County
Joan M. Baumgartner, Toldeo
Theodore F. Haase, Toledo
Hendrik Vannak, Toledo

Mahoning County
William H. Bunn, Jr., Youngstown
Maria J. Colucci, Petersburg
Jordan Dentscheff, Youngstown
Frederick W. Dunlea, Youngstown
Henry Holden, Youngstown
John P. Kalfas, Youngstown
Arthur T. Laird, Youngstown
James A. Quinn, Jr., Youngstown
Roy L. Thomas, Jr., Youngstown
Robert A. Wiltsie, Youngstown

Mercer County
Gunter A. Lamm, Mendon

Montgomery County
James D. Ruffner, Miamisburg

Muskingum County
Rolland D. Batemen, Jr., Zanesville
Myron H. Powelson, Zanesville

Perry County
Yu Ru Yuan, New Lexington

Richland County
Richard B. Belt, Mansfield
George D. Finlayson, Mansfield

Sandusky County
James C. Trivett, Fremont

Stark County
Andreas S. Ahbel, Canton
Robert B. Bird, Canton
John D. Botti, Canton
William R. Bush, Canton
Heinrich A. Gesenhues, Louisville
Joseph H. Iwano, Alliance
Daniel A. Kibler, Alliance
Zvonimir J. Mihanovic, Hartville
Bohdan Y. Panasuik, Waynesburg
Ralph L. Rutledge, Jr., Alliance
Hubert C. Swartout, Massillon
William G. Wasson, Canton

Summit County
Adolph Baltrukenas, Akron
Kenneth A. Del Greco, Barberton
James R. Hodge, Akron
Evelyn Lavery, Akron
Joseph S. Lichty, Akron
John T. Poulson, Akron
Richard D. Smith, Akron
Richard J. Yoder, Barberton

Trumbull County
Paul W. Pifer, Warren

Wyandot County
Konstantine K. Solacoff, Upper Sandusky

AMA and Science Writers Sponsor Series on Medical Writing

The American Medical Association and the National Association of Science Writers are jointly sponsoring a series of seminars or workshops in medical writing for newspaper reporters. The first of these conferences will be held at the Hotel Syracuse, Syracuse, N. Y., on Thursday and Friday, April 17-18.

Invitations are being mailed to editors of daily newspapers within a 300-mile radius of Syracuse, asking them to send one of their reporters to the meeting. County medical societies in the same area are also being invited to send a public relations representative.

The real purpose of the conferences, which will be held in various sections of the country, is to reach those newspaper writers who work on medical assignments but also handle other duties.

The two-day program in each geographic area undoubtedly will help develop better medical and science reporting at the local level.

Hospital Questions . . .

Answers to Some of the Problems of Hospitals and Hospital Staffs Prepared by Dr. Babcock, Director, Commission on Accreditation

MONTHLY the magazine *Hospitals,* official publication of the American Hospital Association, has been carrying questions and answers prepared by Dr. Kenneth B. Babcock, director, Joint Commission on Hospital Accreditation.

Following are selections from some of the questions and answers which have appeared in *Hospitals.* Additional material will appear from time to time in *The Journal.*

* * *

In our hospital we find patients bringing in medications on advice of their physician and self-medicating themselves. Is this allowable? If not, how do we stop it?

It is not allowable and should not be condoned. Hospitals usually have a ruling forbidding self-medication by patients in their medical staff by-laws, rules and regulations. These staff rules should be called to the attention of physicians who abuse it.

In their nursing service procedures many hospitals request the nurse admitting the patient to ask the patient if he has any medications on him and to give them up. If they are prescribed in the doctor's written order, they may be utilized. Even under these circumstances great care in proper identification must be utilized and the practice is frowned upon and forbidden in some hospitals.

* * *

In the August 1957 Bulletin of the Joint Commission on Accreditation of Hospitals, it states under x-ray department (I-b) that "a special sheet should be included in all hospital and clinical charts for data of fluoroscopic examinations, specifying data, site, roentgens per minute, exposure time and operator." Will it be satisfactory if this information is included on the regular x-ray report which is attached to the chart?

The procedure is perfectly acceptable and unquestionably will save time, effort and possibly filing space. Several hospitals are already following that procedure by having the information printed in a corner of the report. Where stationery was already printed, one hospital we know of had a rubber stamp made up and used it on their existing stationery.

Is it allowable to use a trained lay person, in our instance a former medical corpsman, as an anesthetist?

No—under no circumstances. A hospital should never allow anyone but a physician anesthetist or a registered nurse anesthetist to give anesthetics in the hospital.

* * *

Our hospital has two operating rooms in charge of an excellent licensed practical nurse. 1. Is this allowable? 2. May she scrub? 3. May she act as circulating nurse?

1. No, it is not allowable as far as the Joint Commission is concerned. Also, check your state law as far as your nurse practice act is concerned.

2. As far as the Joint Commission is concerned, a practical nurse or trained nurse aide may act as a scrub nurse, if she is under the direct supervision of a licensed graduate nurse. Again, check the nurse practice law in your state for safety and surety sake.

3. No, a licensed practical nurse may not act as a circulating nurse, for the same reasons given in the first part of this answer.

* * *

Should the consent for autopsy be kept on the chart or should the pathologist keep it in his files?

Preferably the consent for autopsy should be kept on the chart and usually is, but every hospital should have a definite fool-proof procedure known to all concerned and followed meticulously. In most hospitals after autopsy permission is obtained in writing from the legal nearest of kin, the chart and the permission are placed in the hands of the pathologist or physician performing the autopsy. It is his duty to ascertain any restrictions, partial permission as "abdomen only," and any other unusual features before proceeding with the autopsy.

Quite a few hospitals now have carbon copies made at the time of signing of the autopsy permit and have the original on the chart and the carbon for the pathologist's file.

How To Get C-3 Claim Number . . .

Bureau of Workmen's Compensation Cannot Supply It in Routine Cases; Reasons Are Enumerated Here; Alternative Plan Described; It Works

RECENT improvements in the administration of the Bureau of Workmen's Compensation have speeded up the processing of C-3 (medical-only) claims to the extent that James L. Young, BWC administrator feels that he cannot justify the additional expense required to furnish attending physicians with the claim numbers of all C-3's. This was requested by the Ohio State Medical Association, pursuant to a resolution adopted by the House of Delegates last year.

In explaining his decision, Young pointed out that up until November 1, 1957, the lag in notifying the employer of the number of C-3's was from 30 to 60 days. **Currently, the employer is notified of the number the next day after the claim is filed, so that any interested party should be able to get the number of the claim from the employer within a few days after it has been filed.**

No Delay on Most of Them

Young also explained that about 90 per cent of the C-3's are allowed promptly on filing. The other 10 per cent are either turned down or returned for the completion of information omitted from the blank. **When a C-3 is disallowed, the attending physician and the claimant, as well as the employer, are notified of that fact together with the number of the claim and the reason for disallowance.**

Young pointed out that under the new IBM system for the payment of fees in "medical-only" claims, physicians are now being paid within 30 days for services rendered in approved C-3 claims. The remittance form which accompanies the checks to physicians lists the name of the claimant and the number of each claim included in the monthly warrant.

Should Query Employer

If a physician does not find a particular claim on his remittance form, and he has not been notified that the claim has been disallowed, he should assume that something had gone wrong. He should then query the employer as to whether or not the claim had been forwarded to BWC, and if so, obtain the number of the claim in case he wanted to write BWC about it.

Since a comparatively small percentage of the "medical-only" claims would be in this category, it was Young's opinion that, in view of the recently-initiated improvements in administration at BWC, the expense of furnishing attending physicians with the numbers of all C-3's would not be justifiable.

Cost Cited

It would cost BWC approximately $15,000 a year to supply attending physicians with the numbers of all C-3's, according to Young. This is based on an estimate of 1,000 C-3's filed daily. Postage would run about $5,000 a year plus the salaries of three typists, in addition to the cost of desks and equipment. He stated that he had turned down a

ATTENTION EMPLOYER

PLEASE LEAVE THIS CARD ATTACHED TO FORM C-3 WHEN
FORWARDING SAME TO THE BUREAU OF WORKMEN'S COMPENSATION

Claimant's Name

Employer's Name

Date of Injury

Attention Bureau of Workmen's Compensation PLEASE INSERT CLAIM NUMBER ALLOTTED AND RETURN	Claim Number Allotted →	

similar request from representatives of labor to furnish claimants with numbers of C-3's.

Another Solution Suggested

Some physicians who handle a considerable number of C-3 claims have found a solution to this problem. This procedure, which was explained in the February, 1953, issue of *The Ohio State Medical Journal,* is as follows, and is offered as a suggestion to other physicians:

When the physician sends the C-3 form to the employer, he staples to it, a self-addressed return postcard, carrying a two-cent stamp (usually a regular government two-cent card) with wording on the other side of the card **as shown in the accompanying sample on Page 520.**

To facilitate processing by the BWC, **the card should be stapled to the upper left-hand corner of the C-3, with the return address side down, and the side on which the claim number is to be stamped, in front.**

Black and Red Wording

Some of the cards are printed in black and red, the words "Attention Employer" and "Attention, Bureau of Workmen's Compensation," printed in red for emphasis.

The claimant's name, the employer's name and the date of the injury are typed on the card by the physician.

When the BWC receives a C-3 form to which one of these cards is attached, the clerk stamping claim numbers on the forms received that day, stamps the claim number on the postcard and at the end of the day, mails the cards.

Procedure Works Well

This procedure lets the physician know that the employer has filed the claim, when it was filed and the number given to the claim. He can then keep an up-to-date record in his own office and later, if he does not receive a check for services rendered within a reasonable time, he can contact the BWC and refer to the claim by number—an important point as it is difficult for the BWC to locate a claim and to answer correspondence about it unless the claim number is known.

Physicians who have adopted this plan say it works. Try it out. Those handling incoming claims at the BWC office will cooperate by stamping the number of each claim on each postcard attached and mailing such cards to the attending physicians. Don't overlook these important items: **The card must be self-addressed, must carry two-cents postage and must carry the name of the claimant.** The BWC cannot address the cards or affix postage.

Insurance Pays Record $2.5-Billion In Health Claims for Year

Benefit payments by insurance companies to Americans protected by health insurance policies amounted to a record $2.5-billion in 1957, the Health Insurance Institute reported. This figure represents a 16.1 per cent increase in benefit payments over the $2.1-billion paid in 1956.

Latest figures supplied by the U. S. Department of Labor in its 1957 Consumer Price Index showed 1957 medical care costs rose 4 per cent.

The Institute report is based upon a survey of the nation's insurance companies writing policies which help pay for doctor and hospital bills and for loss of income from accident or sickness.

The survey revealed that reimbursements through group insurance plans in force during the year totaled $1.8-billion, or 21.3 per cent over 1956, while payments through individual and family type policies amounted to $619-million, a rise of 3 per cent over the previous year.

Payments to policyholders covered under hospital expense insurance policies, the Institute further reported in listing the figures by type of service, amounted to over $1-billion, with $778-million paid under group policies and $224-million paid by insurance companies to individuals.

Reimbursements to defray the cost of surgeons' fees totaled $398-million, with $322-million received by holders of policies under group plans, and $76-million paid to persons covered by individual surgical expense insurance policies.

Persons covered for non-surgical medical care and treatment through regular medical expense insurance policies received a total of $71-million during the year. Group policyholders received $61-million while those covered by individual policies were paid $10-million.

Benefit payments to those protected against the cost of serious, or catastrophic illness or accident through major expense insurance policies, including supplemental and non-supplemental coverage to the basic health cost plans, amounted to $130-million. Group plan payments totaled $126-million, while individual contract benefits came to $4-million. Of particular note, added the Institute, is the fact that payments in 1957 through major medical policies, the fastest-growing form of health insurance, increased by 100 per cent over the year 1956.

In concluding its report of payments for health care by the insurance companies throughout the United States, the Institute stated that the increase in such payments reflects the continued efforts of the public to pay its doctor and hospital bills through the voluntary non-governmental mechanism.

Paryzek Memorial Planned . . .

Cleveland Colleagues of Former OSMA President Heading Up Committee That Will Receive Funds for Conference Room at St. Alexis Hospital

THE men who knew him best, his fellow staff members at St. Alexis Hospital in Cleveland, and his friends throughout Ohio, are planning a memorial to Dr. Harry V. Paryzek, who was President of the Ohio State Medical Association in 1941-42.

The memorial is to be a $125,000 penthouse conference room atop the five-story service wing which is to be built with the proceeds of the St. Alexis Hospital Million Dollar Building Improvement Fund Campaign.

Dr. Harold J. Barker is chairman of the Memorial Committee. Serving with him are Dr. William F. Boukalik, Dr. Chet Lulenski and Dr. Vitus Pekarek. Sub-committee members will be drafted from organizations to which Dr. Paryzek belonged.

Honorary members of the committee are Dr. Robert R. Bartunek, Dr. J. H. Budd, Dr. F. W. Dixon, Dr. E. F. Kieger, Dr. J. L. Reycraft, Dr. James N. Wychgel, all of Cleveland; Dr. G. W. Petznick, Lakewood; Dr. J. G. Kramer, Akron; Dr. E. J. McCormick, Toledo; Dr. H. M. Platter and Mr. Charles S. Nelson, Columbus; and Dr. E. O. Swartz and Dr. L. H. Schriver, Cincinnati.

Those who wish to share in the memorial to Dr. Paryzek may mail their contributions to "The Harry V. Paryzek Memorial Fund, c/o St. Alexis Hospital, 5163 Broadway, Cleveland 27, Ohio."

Names of those who contribute will be placed in a permanently bound book to remain in the conference room. A formal dedication of the new room will be held.

Dr. Paryzek's long medical career began in 1915, following his graduation from the Western Reserve University School of Medicine. He served in Europe during World War I with the famed Lakeside Unit, after which he returned to Cleveland and private practice.

After several years association with City Hospital in Cleveland, Dr. Paryzek became director of Medicine at St. Alexis Hospital in 1930, and Chief of Staff.

Prominently associated with both the local and state medical associations, Dr. Paryzek in 1933 was President of the Cleveland Academy of Medicine. His initial work on the state level was as Chairman and Secretary of the OSMA Section on Medicine. In 1932 he was elected a member of the Council of the State Association, representing the Fifth District.

After serving on a number of important committees, Dr. Paryzek was elected President-Elect of the Ohio State Medical Association in 1940, served as president during 1941-42. At the time of his death, Dr. Paryzek was chairman of the OSMA Committee on Chronic Illness.

Besides his active participation in medical associations, he was a member of the Cleveland Garden Club, Men's Garden Club, Holden Arboretum, Audubon Society and Phi Chi and Alpha Omega Alpha Fraternities.

Four 24-Hour Poison Control Centers Operate in Ohio

Four locally supported Poison Control Centers are now operating within Ohio, the Ohio Department of Health bulletin reported. Each gives 24-hour service with a physician on call who will give information on request regarding symptoms and the latest recommended treatment on poisonings to physicians and hospital personnel. Limited emergency care data are available to other persons, but the importance of getting a patient under medical care is stressed. They are:

Akron Poison Control Center, Children's Hospital, W. Bowery & W. Bechtel, Akron; Telephone: BL 3-5531 (Ext. 246).

Columbus Poison Control Center, Children's Hospital, 561 S. 17th Street, Columbus; Telephone: CL 8-9783.

Cincinnati Poison Control Center, Kettering Laboratory, University of Cincinnati, Eden Avenue, Cincinnati 19; Telephone: CA 1-1414.

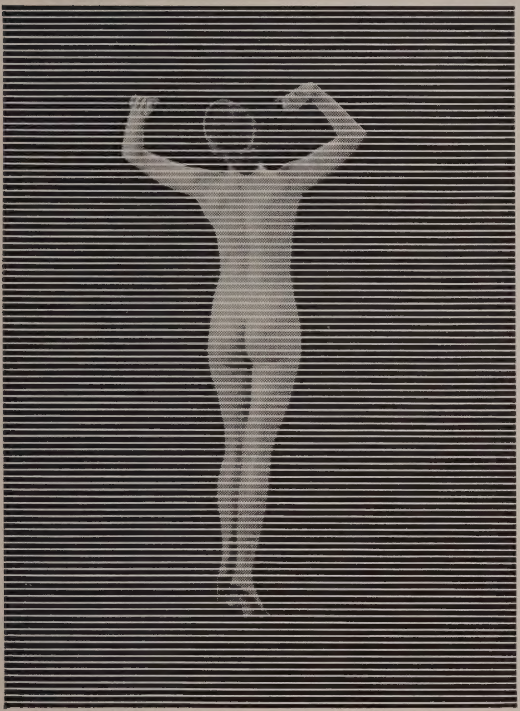
Poison Information Center, Cleveland Academy of Medicine, 2121 Adelbert Road, Cleveland 6; Telephone: CE 1-4455.

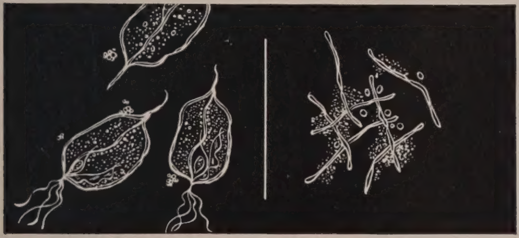
Psychiatric Clinic Directors To Hold Luncheon April 16

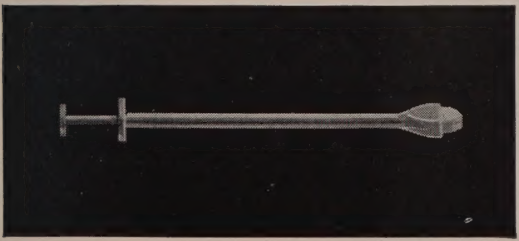
Ohio Association of Psychiatric Clinic Directors will hold a luncheon meeting at the Netherland Hilton Hotel on Wednesday, April 16, starting at 12:30 P. M. Place of the luncheon will appear on the hotel bulletin board. After the luncheon there will be informal discussion and a business session. Present officers of the organization are: Dr. Stuart Ducker, Dayton, president; Dr. Dorothy C. V. Heinz, Springfield, secretary-treasurer and president-elect.

CHEMOTHERAPY PLUS FLORA CONTROL

Floraquin® / Destroys Vaginal Parasites Protects Vaginal Mucosa







Vaginal discharge is one of the most common and most troublesome complaints met in practice. Trichomoniasis and monilial vaginitis, by far the most common causes of leukorrhea, are often the most difficult to control. Unless the normal acid secretions are restored and the protective Döderlein bacilli return, the infection usually persists.

Through the direct chemotherapeutic action of its Diodoquin® (diiodohydroxyquin, U.S.P.) content, Floraquin effectively eliminates both trichomonal and monilial infections. Floraquin also contains boric acid and dextrose to restore the physiologic acid pH and provide nutriment which favors regrowth of the normal flora.

Method of Use

The following therapeutic procedure is suggested: One or two tablets are inserted by the patient each night and each morning; treatment is continued for four to eight weeks.

Intravaginal Applicator for Improved Treatment of Vaginitis

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SEARLE

In Memoriam . . .

Edwin W. Baker, M. D., Fremont; University of Buffalo School of Medicine, 1883; aged 98; died February 21; former member of the Ohio State Medical Association. Dr. Baker moved to Clyde from New York State 1887. He practiced there until 1929 when he moved to Fremont where he continued in practice until 1949, in which year he retired. He was a 32nd Degree Mason. Dr. E. A. Baker, of Clyde, is a nephew.

John Joseph Bowlen, M. D., Akron; University of Louisville School of Medicine, 1926; aged 56; died February 20; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. Dr. Bowlen began practice in Akron in 1929. In 1942 he left for service in World War II and attained the rank of major, returning to Akron after two years in the Medical Corps. Survivors include his father, his widow, three daughters and two sisters.

Edward J. Braun, M. D., Cleveland; University of Pittsburgh School of Medicine, 1914; aged 67; died March 3; member of the Ohio State Medical Association and the American Medical Association. Dr. Braun for 35 years was with the Cleveland Health Department. Before moving to Cleveland he practiced for short periods in Pittsburgh and Youngstown. He also was chief examiner for the local police department. A veteran of World War I, he was a member of the American Legion. Other affiliations included membership in the Cleveland Crime Commission, Phi Delta Epsilon and the Masonic Lodge. Surviving are his widow, a brother and a sister.

Clyde J. Cranston, M. D., Wakeman; Western Reserve University School of Medicine, 1924; aged 62; died February 25; member of the Ohio State Medical Association and the American Medical Association. Dr. Cranston had been a practicing physician in Wakeman and vicinity since 1927. He previously practiced for a short time in Cleveland. A veteran of both World Wars, he was active in several veterans groups, including the American Legion, Veterans of Foreign Wars and the 37th Division AEF Association. His Army rank was that of lieutenant colonel. Other associations included memberships in the Association of Military Surgeons, the Masonic Lodge and the Congregational Church. Surviving are his widow, two sons, his mother and a sister.

Paul S. Craig, M. D., Washington C. H.; University of Cincinnati College of Medicine, 1928; aged 60; died February 21; member of the Ohio State Medical Association and the American Academy of General Practice. A native of Washington C. H., Dr. Craig practiced there from 1931 to the time of his death. One of his interests was Berea College, Berea, Ky., where he often went to conduct physical examinations as a member of the medical staff. Surviving are his widow and two brothers.

George E. Dash, M. D., Boothbay Harbor, Maine; Eclectic Medical College, Cincinnati, 1905; aged 75; died February 17; former member of the Ohio State Medical Association; member of the American Academy of Pediatrics. Dr. Dash practiced in Cincinnati until his retirement in 1947. for some 30 years he was head of the medical department at Children's Home, Cincinnati. Surviving are his widow, a son and a brother.

Joseph H. Dempsey, M. D., Cleveland; Western Reserve University School of Medicine, 1912; aged 72; died March 6; member of the Ohio State Medical Association and the American Medical Association. A native of Cleveland, Dr. Dempsey practiced there in the Euclid-Collingwood areas for about 46 years. He was a member of the Catholic Church. Surviving are his widow, three daughters and seven sons, one of whom is Dr. Joseph H. Dempsey, Jr., also of Cleveland.

Wilbur S. Ellis, M. D., Columbus; Miami Medical College, Cincinnati, 1896; aged 83; died February 17; member of the Ohio State Medical Association and the American Medical Association. A former practicing physician in Pomeroy for many years, Dr. Ellis was living in Columbus following his retirement. He also was Meigs County health commissioner for a number of years. Three daughters survive.

Beatrice Todd Hagen, M. D., Zanesville; University of Buffalo School of Medicine, 1900; aged 81; died February 13; former member of the Ohio State Medical Association; former secretary of the Muskingum County Medical Society. Dr. Hagen was honored by the Muskingum County Medical Society in 1950 for a half century of service in the medical profession. She moved to Zanesville in 1908 where she was a practicing physician and health commissioner. Her service as county health commissioner extended from 1928 to 1950 and as city health commissioner, from 1922 to 1926. Affiliations included memberships in the Episcopal Church and the Zanesville Business and

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in potentially serious infections
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for the 7 monilia-susceptible types
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1. Welch, H.; Wright, W. W.; and Staffa, A. W.: Antibiotic Med. & Clin. Therapy 4:620, 1957.

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Also available: **PANALBA KM GRANULES** (Pediatric). When reconstituted, each 5 cc. teaspoonful contains Panmycin equivalent to tetracycline hydrochloride, 125 mg. and Albamycin (as novobiocin calcium) 62.5 mg., and potassium metaphosphate 100 mg.; in pleasantly flavored vehicle. Dosage is based upon amount of tetracycline—6 to 8 mg. per pound of body weight per day in 2 to 4 equally divided doses.

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USUAL DOSAGE: ADULTS: 1 or 2 capsules every 6 hours. CHILDREN: Proportionately less.

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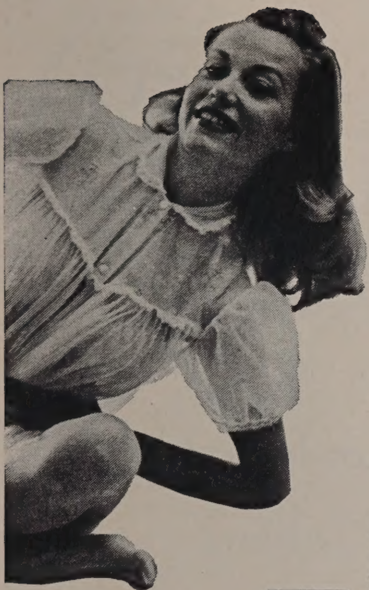

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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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Professional Women's Club. Surviving are a son and a daughter.

Gerald Watson Hamilton, M. D., Akron; Rush Medical College, 1921; aged 60; died February 26 as the result of an accidental shooting; member of the Ohio State Medical Association. A native of Geneva, Pa., Dr. Hamilton had been a practicing physician in Akron for 32 years. During World War II he served with the Army Medical Corps in the grade of captain. Survivors include his widow, three sons, a daughter and his mother.

Roy O. Knapp, M. D., Akron; University of Michigan Homeopathic Medical School, 1910; aged 73; died February 27; former member of the Ohio State Medical Association and the American Medical Association. Dr. Knapp was a practicing physician for many years in Akron. Survivors include his widow, a daughter, two sons and a sister.

Philip R. Linsey, M. D., Cleveland; University of Wooster, Medical Department, Cleveland, 1910; aged 71; died February 10; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. A native of Cleveland, Dr. Linsey was a practicing physician there for 48 years, and was one of the founders of the Polyclinic Hospital. A former athlete, he was active in such organizations as the YMCA. He also was a member of the Singers Club, the City Club. Surviving are his widow, two sons, one of whom is Dr. Eugene Linsey; also a sister.

Anthony J. Looze, M. D., Cleveland; St. Louis University School of Medicine, 1915; aged 66; died February 26; member of the American Psychiatric Association. Dr. Looze was on the staff of Cleveland State Hospital for about seven years. He previously practiced for a number of years in Youngstown. Survivors include his widow, two daughters, and a sister.

James E. Mullen, M. D., Perrysburg and Toledo; Stritch School of Medicine of Loyola University, 1935; aged 49; died February 9; member of the Ohio State Medical Association, the American Medical Association and the Industrial Medical Association; Fellow of the American College of Surgeons. Dr. Mullen was a lifelong resident of the Toledo area and a practicing physician there since completion of his training. He is survived by his widow, a son, two daughters and a brother.

Edwin J. Oster, M. D., Cleveland; Western Reserve University School of Medicine, 1920; aged 63; died February 23; former member of the Ohio State Medical Association. Dr. Oster had been a

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practicing physician in Cleveland since the early 1920's. He is survived by his widow and a sister.

George W. Shepard, M. D., Oakland, Calif.; Western Reserve University School of Medicine, 1903; aged 79; died February 3. A native Ohioan, Dr. Shepard practiced for a short time in Ravenna before he became a career U. S. Navy surgeon. He is survived by his widow and a son.

Clyde K. Startzman, M. D., Bellefontaine; Indiana University School of Medicine, 1915; aged 68; died March 4; member of the Ohio State Medical Association and the American Medical Association. Dr. Startzman was a practicing physician in Bellefontaine from 1915 with the exception of the period of World War I, during which he served with the Army Medical Corps. He was active in numerous civic affairs of the community; was a member of the local board of education, the city and county health department and served on the Bellefontaine Charter Commission. Survivors include his widow, two daughters, two sons, a brother and two sisters.

Howard L. Stitt, M. D., Cincinnati; University of Cincinnati College of Medicine, 1910; aged 73; died February 15; member of the Ohio State Medical Association, the American Medical Association and diplomate of the American Board of Otolaryngology. Dr. Stitt practiced in Washington C. H. from 1911 to 1921, in which year he went abroad for graduate studies. He returned and opened a practice in Cincinnati which he maintained until his retirement in 1955. He was a member of Nu Sigma Nu and several specialty societies. Surviving are his widow, a daughter, a son and a sister.

Ralph B. Taylor, M. D., Columbus; Eclectic Medical College, Cincinnati, 1898; aged 84; died February 23; member of the Ohio State Medical Association and the American Medical Association. A recipient of the OSMA 50-Year Award, Dr. Taylor actually practiced over a period of nearly 60 years. From 1940 to 1954 he served on the State Medical Board. A 50-year Mason, he was affiliated with several Masonic bodies. Survivors include a son and a daughter.

Francis W. Thomas, M. D., Columbus; Ohio State University College of Medicine, 1912; aged 68; died February 18 while vacationing in Florida; former member of the Ohio State Medical Association; member of the American Academy of Ophthalmology and Otolaryngology; diplomate of the American Board of Otolaryngology. Dr. Thomas practiced medicine in Columbus for 30 years before he retired in 1948. He was a member of the Episcopal Church. Surviving are his widow, a son, two brothers and two sisters.

Frank W. Watson, M. D., Columbus; Ohio State University College of Medicine, 1919; aged 63; died March 1; member of the Ohio State Medical Association and the American Medical Association. Dr. Watson was a practicing physician in Columbus for 39 years. For a number of years he was physician for the Columbus Jets, and formerly for the Redbirds baseball team. Affiliations included memberships in the Kiwanis Club, the Scioto Country Club, several Masonic bodies, Nu Sigma Nu and the Methodist Church. Surviving are his widow, a daughter and a son, Dr. John Watson; also a sister and a brother.

Rudolf Weiss, M. D., Cleveland; graduate of the Medical Faculty, University of Vienna, Austria, 1917; aged 66; died March 2; member of the Ohio State Medical Association and former member of the American Medical Association. Dr. Weiss moved to Cleveland in 1939 after previously practicing for 17 years in Austria. Surviving are his widow and two step-daughters.

Chest Physicians To Present Program In Cincinnati, April 16

The Ohio Chapter, American College of Chest Physicians, will present a program in Cincinnati at the time of the OSMA Annual Meeting. The chapter will meet in the Sheraton-Gibson Hotel on Wednesday, April 16, for a 12 o'clock luncheon to be followed by the program.

Reservations for the luncheon should be made by contacting Dr. F. G. Kravec, Secretary-Treasurer, 243 Lincoln Ave., Youngstown. Speakers and program have been announced as follows:

The Participants

Harvey Mendelsohn, M. D., Department of Thoracic Surgery, Western Reserve University.

Harold Humphrey, M. D., Medical Director of Benjamin Franklin Hospital, Columbus.

Elmer Maurer, M. D., Department of Thoracic Surgery, University of Cincinnati College of Medicine.

Herman Nimitz, M. D., medical director, Dunham Hospital, Cincinnati.

12:00 Noon—Luncheon

Experience in the Management of Spontaneous Pneumothorax—Dr. Mendelsohn.

The Tuberculous Patient Two Years after Discharge from the Hospital—Dr. Humphrey.

Surgical Treatment of Stenotic and Insufficient Lesions of the Aortic Valve—Dr. Maurer.

Trends in Tuberculosis as Demonstrated by Recent Hospital Admissions—Dr. Nimitz.

Activities of County Societies . . .

First District

(COUNCILOR: FRANK H. MAYFIELD, M. D., CINCINNATI)

CLERMONT

The March 19 meeting of the Clermont Medical Society was held at the Milcroft Inn with Dr. F. S. Skeen as host. Guest speaker was Dr. Charles Ball who discussed the "Status of Pension Plans for M. D.'s."

HAMILTON

The Roger Morris Lecture was given on March 4 by Dr. Irving M. London, professor of medicine, Albert Einstein College of Medicine, New York. His subject was "The Metabolism of Hemoglobin and of Erythrocytes."

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CLARK

At the February 17 meeting of the Clark County Medical Society, Dr. Rupert Turnbull was not able to be present as scheduled.

Substituting as speaker was Mr. Jack Wood, Springfield C. P. A., who discussed the Federal Income Tax and other tax matters.

The National Doctor's Day program was discussed and announcement was made of the dinner scheduled on March 12 by the Auxiliary.

The subject of whether or not Social Security should be extended to include doctors was discussed. Dr. Davidson was asked to give the pro side of the subject and Dr. Beam the con side.

Dr. Ash presented a report of the Public Relations Committee meeting with representatives of the Pharmaceutical Association.

Dr. Richard Topagna was voted in as a member of the Society.

MIAMI

"Pitfalls in Management of Refractory Heart Failure," was the subject of a film shown at the March 7 meeting of the Miami Medical Society. Also at the meeting the pros and cons on Society Security coverage for physicians were discussed.

Third District

(COUNCILOR: JAMES R. JARVIS, M. D., VAN WERT)

ALLEN

"Recent Pharmacological Advances in Narcotics" was the theme of a talk by Dr. Louis Levy, Department of Pharmacology, University of Cincinnati, before the Lima and Allen County Academy of Medicine. Some 78 members and guests were present at the February 10 dinner meeting at the Shawnee Country Club.

MARION

The Marion County Academy of Medicine unanimously endorsed the establishment of a Marion County Mental Health Clinic during its regular monthly meeting held February 4 in the Marion General Hospital auditorium.

The endorsement followed a talk by Dr. John Imbody, president of the Marion County Mental Health Association, on the clinic movement in Marion County.

Presiding for the business session was Dr. Daniel Murphy, head of the organization.

The program featured a debate on "Social Security for Physicians" with the pro arguments presented by Dr. Paul Schildt of Cleveland, and Dr. Charles Pavey of Columbus responding with the disadvantages.

Academy members joined in a question and answer period following the presentation of the guest speakers. Introducing Drs. Schildt and Pavey was Dr. Albert Mogg, program chairman.

A refreshment period closed the meeting. — *Marion Star.*

Fourth District

(COUNCILOR: PAUL F. ORR, M. D., PERRYSBURG)

LUCAS

The March program of the Academy of Medicine of Toledo and Lucas County contained the following features:

March 7—"The General Congressional Situation in 1958 as It Concerns the Medical Profession," Warren E. Whyte, executive secretary of the AMA Committee on Legislation.

March 14, Pathology Section—"High Speed Motion Picture Photography in the Diagnosis of Congenital Heart Defects," Dr. F. Mason Sones, Cleveland Clinic.

March 20, General Practice Section—Symposium

(Continued on Page 531)

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PUTNAM

January meeting of Putnam Society was held at Hotel Dumont, Ottawa, January 7. Guest speaker was Dr. Forest C. Hunter, Lima dermatologist, who discussed "Common Diseases of the Skin."—H. N. Trumbull, M. D., Correspondent.

Members of the Society held their dinner meeting in the DuMont Hotel on February 3, at which time they endorsed the showing of the film, "Time and Two Women," sponsored by the American Cancer Society. Endorsement of the film for showing to local organizations, spearheaded a drive by the Putnam County Cancer Society to persuade women over 21 to have annual checkups.—*Ottawa Sentinal.*

SANDUSKY

The regular meeting of the Sandusky County Medical Society met at Serwin's Restaurant, February 19, 1958. Eighteen members were present. Dr. Swent presiding.

The minutes of the January, 1958, meeting were read and approved.

Dr. Swent announced the following:

1. That the Constitution and By-Laws had been read and approved by the Advisory Board consisting of Dr. Lee Moore, Dr. Richard Wilson, and Dr. E. E. Swint.

2. That a newly formed Medical Assistant's Society of Sandusky County had been organized, the purpose of this organization being to create a feeling of fellowship and cooperation among secretaries and assistants in office.

3. That Dr. Orr would attend the March Meeting and present 50 year certificates to Dr. Cooper of Bellevue, and Dr. E. H. Baker of Clyde.

4. That the state office had requested a poll to be taken on the question of social security. The program and its benefits were outlined in detail. A poll of the members present found 18 for, none against the medical profession to be included in the social security program.

Dr. Bates then discussed the April Meeting. He informed the members there would be three speakers, one on blood dyscrasias, one on fluid balance, and one on the roll of Psychology in Present Day Medicine. The meeting is to be held on April 23rd, at the Woman's Federation, Fremont. The cost will be $5.00 per person.

It was announced that Dr. Havener of O. S. U. would be the speaker at the March Meeting, his subject being diseases of the eyelids.

Dr. David Katchka from Toledo then spoke to

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Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

CUYAHOGA

Guest speaker for the March 21 meeting of the Academy of Medicine of Cleveland was Dr. Ralph W. Gerard, professor of neurophysiology, Neuropsychiatric Institute, University of Michigan. Following a social period and dinner, Dr. Gerard spoke on the subject, "Schizophrenia and Psychopharmacology."

Among section meetings was that of the Experimental Medicine Section with the Cleveland Society for Experimental Biology and Medicine on March 24.

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

COLUMBIANA

About 40 members attended the dinner meeting of the Columbiana County Medical Society February 18 in the Wick Hotel in Lisbon.

The speaker was Dr. Charles L. Schmidt, associate professor of dermatology at the University of Pittsburgh and staff physician in Mercy Hospital, whose subject was "What's New in Office Dermatology." Dr. Roy C. Costello of East Liverpool, president, presided. Dr. J. W. Schoolnic and Dr. J. Fraser Jackson were co-chairmen.—*East Liverpool Review.*

MAHONING

Advances in the treatment of persons with heart conditions were detailed here before the Mahoning County Medical Society by Drs. F. Mason Sones and Donald Effler of the Cleveland Clinic.

Using slides and pictures, the physicians lectured before 200 members of the organization February 18 at the Elks Club in observance of "Heart Day," part of the month-long program of the Youngstown Area Heart Association. It will be climaxed next Sunday afternoon when 5,000 workers visit homes in a tri-county area asking for funds to continue the program of research, rehabilitation and education.

Dr. Andrew A. Detesco, president of the Mahoning County Medical Society, predicted such operations in Youngstown "in the foreseeable future."

Dr. Sones and Dr. Effler visited hospitals, met with interns and physicians, conducted clinical sessions and were the honor guests at a dinner meeting in the Youngstown Club.

The meeting was sponsored by the medical society, the Mahoning Academy of General Practice and the heart association.

In a short business meeting, the medical society members approved employment of a full-time executive secretary and authorized raising the dues to meet the additional expense.—Excerpts from *Youngstown Vindicator.*

STARK

Dr. Douglas Goldman, clinical director of Longview Hospital, Cincinnati, was guest speaker for the March 13 meeting of the Stark County Medical Society at the Belden Hotel in Canton. His subject was "Psychotherapeutic Drugs."

Distributed to members for proposed future action was a "Statement of Principles Governing Certain Relationships Between Doctors and Lawyers."

SUMMIT

For its March 4 program the Summit County Medical Society presented Dr. Paul A. Riemenschneider, professor of radiology, State University of New York, whose subject was "Radiation Hazard —Fact, Fable and Philosophy."

Dinner was served at the Akron City Club after which the program was held in the Akron General Hospital Auditorium.

TRUMBULL

Dr. Harry Shirkey, clinical professor of pediatrics at the University of Cincinnati, spoke before the February 20 meeting of the Trumbull County Medical Society. The combined meeting with the Auxiliary was held at the Trumbull Country Club.

Ninth District

(COUNCILOR: C. L. PITCHER, M. D., PORTSMOUTH)

SCIOTO

"Clinical Application of Isotopes," was the subject discussed at the March 10 meeting of the Scioto County Medical Society in Portsmouth. The speaker was Dr. Richard Goldsmith, associate professor of medicine, University of Cincinnati. The program was arranged by Dr. S. W. Miller.

Tenth District

(COUNCILOR: E. H. ARTMAN, M. D., CHILLICOTHE)

ROSS

Ross County Medical Society at a recent meeting passed a resolution urging City Council to reconsider as soon as possible its action in disapproving a second sanitarian for the City Health Department.

The resolution stated that the society recognizes the urgent need of a second sanitarian and emphasizes the fact that a city's budget curtailment should not commence with public health.

The sanitarian was excluded when the health de-

(Continued on Page 536)

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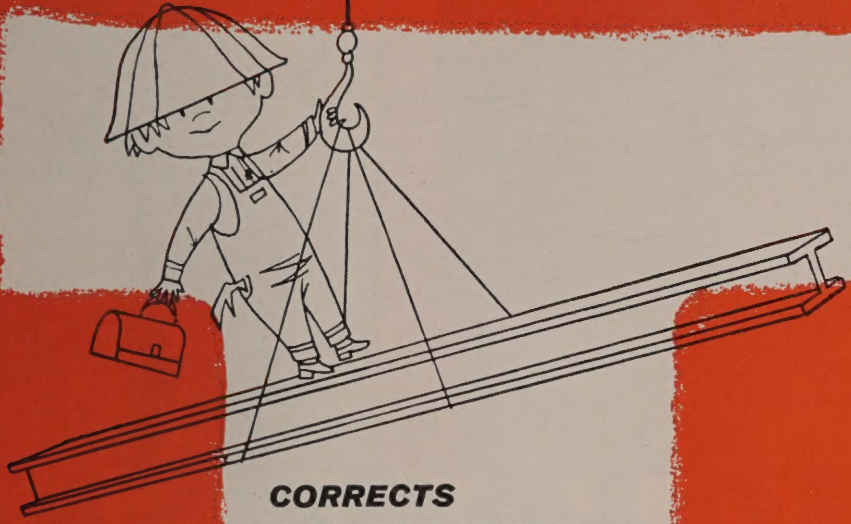
LYSINE-VITAMINS



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Supplies essential Iron as ferric pyrophosphate, highly stable, well-tolerated, readily absorbed; essential vitamins B_1, B_6 and B_{12}, established as appetite stimulants; essential l-Lysine for greater protein economy in the pediatric diet.

INCREMIN Syrup

FORMULA: Each teaspoonful (5 cc.) contains:

l-Lysine HCl	300 mg.
Ferric Pyrophosphate (Soluble)	250 mg.
Iron (as Ferric Pyrophosphate)	30 mg.
Vitamin B_{12} Crystalline	25 mcgm.
Thiamine Mononitrate (B_1)	10 mg.
Pyridoxine HCl (B_6)	5 mg.
Alcohol	0.75%

Average dosage is 1 teaspoonful daily.
Available in bottles of 4 fl. oz.

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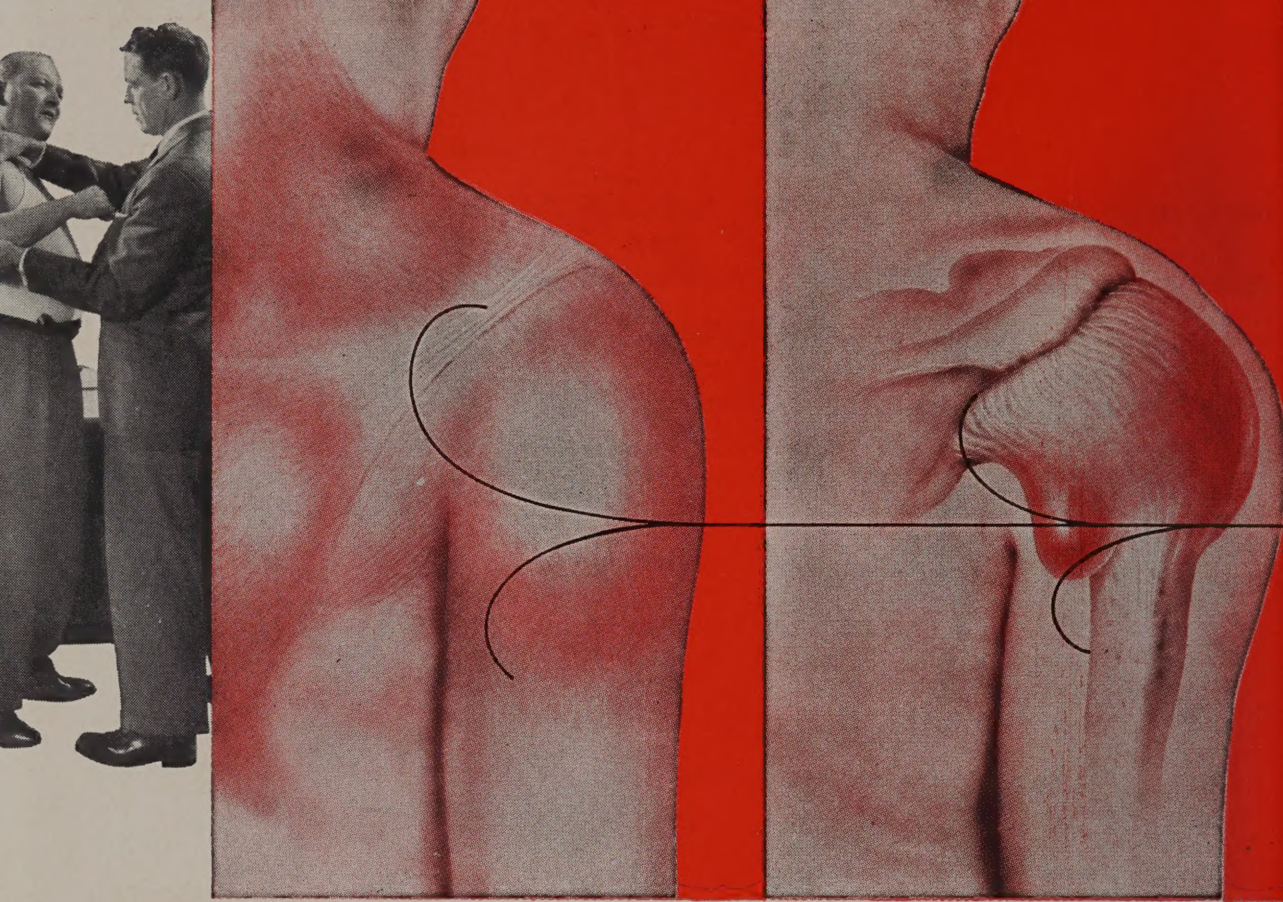

"Rheumatoid arthritis is a constitutional disease with symptoms affecting chiefly joints and muscles."[1] "Pain in the affected joint is accompanied by splinting of the adjacent muscles, with resultant 'muscle spasm.' "[2]

rheumatoid arthritis involves both joints and muscles

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SUPPLIED: Multiple Compressed Tablets in two formulas:
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MEPROLONE-1—supplies 1.0 mg. prednisolone in the same formula as MEPROLONE-2 (bottles of 100).

1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).
2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

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meprobamate to relieve muscle spasm
prednisolone to suppress inflammation

relieves both muscle spasm and joint inflammation

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partment's budget was approved for 1958. It created a problem for the health department as the State Department has demanded an improvement in food service inspections in the city.

If the standards are not met, the state can step in and make the inspections, with a resultant loss of certain funds to the city.—*Chillicothe Gazette.*

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

The February 11 meeting of the Lorain County Medical Society was held at the Oberlin Inn with 55 members in attendance.

Plans were laid for hiring an executive secretary for the Society.

A program was presented by Mr. Francis Calkins of Professional Management of Cleveland. The topic was "Doctors, Dollars and Taxes."—L. C. Meredith, M. D., Secretary-Treasurer.

RICHLAND

A meeting of the Richland County Medical Society was held at the Mansfield General Hospital, January 16.

Officers and delegates for 1958 are: President, Dr. C. F. Curtiss; vice-president, Dr. R. E. Frush; secretary-treasurer, Dr. J. J. Clark; delegates, Dr. P. O. Staker and Dr. Harry Wain; alternates, Dr. H. G. Knierim and Dr. R. H. Barnes.

Following dinner and a business meeting, Dr. Paul Fuzy, of Youngstown, gave an interesting talk on, "Complications in the Practice of Proctology"—John J. Clark, M. D., secretary.

Physical Medicine and Rehabilitation Program Scheduled April 16

The Central Section of the American Congress of Physical Medicine and Rehabilitation will meet for a program on Wednesday, April 16. The place is Parlors E and F, Netherland Hilton Hotel and the time 2:30 to 4:00 p. m.

Tentative program has been announced as follows:

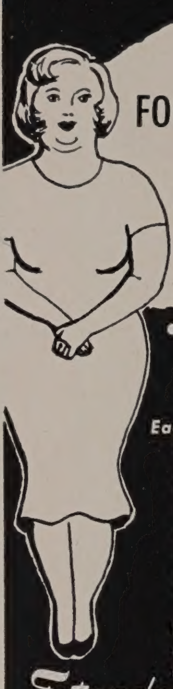
Presiding: Dr. Keith Keeler, Akron.

"Research in Muscular Dystrophy," Dr. Paul Vignos, Cleveland.

"Aids in Diagnosis of Muscular Dystrophy," Dr. Rex McMorris, Louisville, Ky.

"Electromyographic Changes and Their Significance in Muscular Dystrophy," Dr. Edward H. Lambert, Mayo Clinic, Rochester, Minn.

"Treatment in Muscular Dystrophy," Dr. Kenneth Archibald, Cleveland.



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INTENSIVE POSTGRADUATE COURSES

STARTING DATES—SPRING AND SUMMER, 1958

SURGERY—Surgical Technic, two weeks, May 12, June 16. Surgery of Colon and Rectum, one week, May 5, June 2. Basic Principles in General Surgery, two weeks, July 7. Gallbladder Surgery, three days, June 2. Surgery of Hernia, three days, June 5. General Surgery, two weeks, May 5; one week, May 12. Breast & Thyroid Surgery, one week, May 5. Fractures & Traumatic Surgery, one week, June 9. American Board Review Course, two weeks, Fall of 1958.

GYNECOLOGY & OBSTETRICS—Office & Operative Gynecology, two weeks, June 2. Vaginal Approach to Pelvic Surgery, one week, July 14. General & Surgical Obstetrics, two weeks, June 16.

MEDICINE—General Review Course, two weeks, May 12. Electrocardiography, one week advanced course, June 16. Hematology, one week, June 2. American Board Review Course, one week, Sept. 29.

PEDIATRICS—Two-Week Intensive Course, Apr. 21. Neuromuscular Diseases; Cerebral Palsy, two weeks, July 7.

DERMATOLOGY—Clinical & Didactic Course, two weeks, May 5.

RADIOLOGY—Diagnostic X-Ray, two weeks, June 9. Clinical Uses of Radioisotopes, two weeks, May 5.

CYSTOSCOPY—Ten-Day Practical Course, by appointment.

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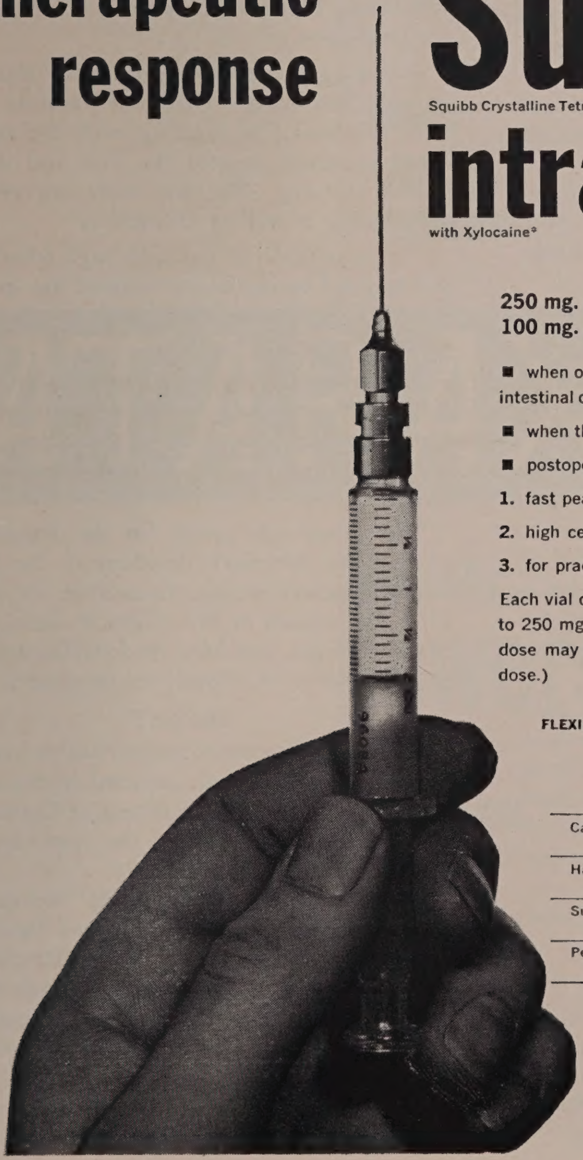

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gastrointestinal infections
genitourinary infections
miscellaneous infections

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Capsules (per capsule)	250	Bottles of 16 and 100
Half Strength Capsules (per capsule)	125	Bottles of 16 and 100
Suspension (per 5 cc. teaspoonful)	125	60 cc. bottles
Pediatric Drops (per cc.—20 drops)	100	10 cc. bottles with dropper

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Activities of Woman's Auxiliary . . .

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(See Page 441 for roster of officers.)

BUTLER COUNTY

"Women's fashions, the rising birth rate and rock 'n' roll music were among the subjects covered by Tilman Ellison, Middletown director of law, in his humorous "Forecast for 1958" presented at a luncheon meeting of the Woman's Auxiliary to the Butler County Medical Society.

During the business session conducted by Mrs. Gilbert Wagoner, president, the appointment of Mrs. Donald Blizzard was approved by the members. Mrs. Marion Swisher, chairman of the American Medical Education Fund project, reported $240.97 had been collected in gifts and magazine subscriptions. The Hughes Hospital committee chairman, Mrs. J. A. Stewart of Hamilton reported $251.91 was spent on pajamas and personal items as Christmas gifts for the patients. This is an annual project.

Hostesses for the meeting, attended by 31 members, were Mrs. Jack Harris, chairman, Mrs. William Storer, Mrs. Louis Gaker, Mrs. James Sawyer and Mrs. John Bauer.

COLUMBIANA

The Woman's Auxiliary to the Columbiana County Medical Society met at the Masonic Temple for the regular monthly dinner meeting. Twenty members and one guest were present.

Mrs. Virgil Hart, president, presided at the business meeting. Mrs. William Horger announced that classes in Civil Defense are being held in East Liverpool. Mrs. Horger also participated on a radio forum on this subject. The project is sponsored by the local auxiliary. Mrs. Hart has been appointed to serve on the credentials committee at the State meeting in April.

Dr. Paul Beaver of Leetonia, was the guest speaker and he chose "Mental Health" as his topic. Dr. Beaver is a member of the Columbiana County Mental Health Association. He explained the work that the association is doing locally and asked for the cooperation of auxiliary members. A question and answer period followed the program.

Mrs. J. S. Jones was in charge of arrangements for the February meeting.

ERIE

Good fellowship keynoted the evening at the annual Doctor's Party given by the Medical Auxiliary for members of the Erie County Medical Society. A large group gathered at the Rieger Hotel dining room where dinner was served.

The speaker for the evening was George Boehm, publicity director of Musicarnival. He was introduced by Mrs. W. P. Skirball, auxiliary president. Mr. Boehm gave an interesting talk on a new concept in entertainment called "Theater in the Round."

Hostesses for the evening were Mrs. J. P. Ohlmacher, Mrs. W. R. Liebschner and Mrs. W. E. Birmingham.

FAIRFIELD

The Future Nurse Club of Lancaster High School held its February meeting in Lancaster-Fairfield Hospital. The girls met in the class room in the Nurses Home where Mrs. Robert Whetstone, medical social worker and wife of Dr. Robert Whetstone, Pleasantville, showed a film regarding her profession.

Following the film the girls were taken to the Nursing Arts Room. Here four freshman students from the School of Nursing, with the aid of an upper classman, enacted the do's and don'ts of bedside nursing. The skits were impressive and entertaining as well as informative.

The cooperation of Lancaster high school faculty and hospital personnel has enabled the sponsoring group of the Future Nurse Club to plan an outstanding program this year.

Two new projects, made possible through hospital participation are: an over night in the Nurses' Home for high school senior girls from the club and opportunity to do volunteer service in the hospital.

The sponsoring group for the Future Nurse Club is the Woman's Auxiliary to the Fairfield County Medical Society. Committee for the Auxiliary is composed of Mrs. Galon Rodabaugh, Mrs. William Jasper, and Mrs. Andrew Essman for the city and Mrs. F. A. Dowdy for the county.

GREENE

Twenty-six prospective student nurses from Xenia and county high schools gathered in the assembly room of the Health Department at Greene Memorial Hospital as guests of the Auxiliary to the Greene County Medical Society.

Mrs. Hugh Schick, president, welcomed the girls. She introduced Miss Mildred Swanson, director of Nurses at Miami Valley Hospital, who spoke on "Careers in Nursing." Miss Swanson stressed particularly qualifications for entrance to schools of nursing and opportunities available to both graduate and practical nurses.

Dr. Gordon Savage explained the facilities of the Health Department. The guests were divided

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*Tests in a series of 25 patients show that there is "a definite and distinct lowering [of both volume of secretions and of free hydrochloric acid] in the majority of patients. . . . No patients had shown any increase in gastric secretions following administration of the drug."[1]

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4. Five dosage forms give you maximum flexibility.

supplied: 10, 25 and 100 mg. tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

references: 1. Strub, I. H.: Personal communication. 2. Ayd, F. J., Jr.: presented at Ohio Assembly of General Practice, 7th Annual Scientific Assembly, Columbus, September 18-19, 1957.

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into two groups and were conducted through the hospital.

Punch and cookies were served and each guest received a gift donated by a local pharmacy. Mrs. S. C. Ellis was in charge of the arrangements committee.

HAMILTON

The Woman's Auxiliary to the Hamilton County Medical Society heard the Reverend Lynn J. Radcliffe, pastor of the Hyde Park Community Methodist Church, speak on "Healing Ill Health from Within" on February 18. His talk followed a luncheon at the Cincinnati Club at which the president, Mrs. Gaston B. Hannah, accorded recognition to the group of physicians' wives who have organized and directed Future Nurse Clubs in 11 Greater Cincinnati high schools. Their efforts have been extended to include all related careers in health, and have stimulated the interest of more than 300 high school students this year.

The second in a series of orientation meetings for new members was held on January 29 at the home of Mrs. Roy L. Kile.

JEFFERSON

Mrs. D. R. Cahill entertained 21 members of the Woman's Auxiliary to the Jefferson County Medical Association at a luncheon on January 25.

A business session followed, with Mrs. W. B. Mikita presiding. Reports of the Future Nurse Clubs were given by Mrs. E. B. Weinman of the Steubenville High School Club and Mrs. Donald Myers and Mrs. Warren Snyder, Wintersville Memorial High School. Mrs. John Mantica announced that the pinning exercises of the Catholic Central High School Club will be held in the Holy Name Auditorium.

Mrs. Weinman reported that the current radio series, "Tea for Three," a program of questions and answers concerning health, is well received. "Tea for Three" may be heard over WSTV every Sunday afternoon at 1:15.

A review of the current medical legislation was given by Mrs. E. L. Perri. Mrs. Carl Goll, Seventh District Director, reported on the State Auxiliary legislation. Other committee reports were given by Mrs. Jonathan Yobbagy, Mrs. Walter Cunningham and Mrs. J. Ellison Gamble. Welcomed as as a new member was Mrs. E. D. Lee. Mrs. Cahill was assisted by Mrs. S. L. Burkhardt, Mrs. Yobbagy, Mrs. Earl Rosenblum and Mrs. L. J. Kerschgens.

LAWRENCE

The Auxiliary to the Lawrence County Medical Society met for the February meeting at the MacArthur Hotel for a luncheon. Mrs. Harry Nenni

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and Mrs. G. K. Mahl, hostess, accented the luncheon with a valentine theme. Mrs. Charles Gallagher, president, conducted the business meeting.

The Auxiliary plans open house at the residence of Dr. and Mrs. Ralph Massie to honor the doctors of Lawrence County on National Doctors Day. Each doctor also will receive a boutonniere from the auxiliary.

Mrs. Leo Konieczny, chairman of *Today's Health,* reported 15 subscriptions had been mailed for local beauty salons. Nurse Recruitment is well underway. The local newspaper is carrying an announcement for girls who are interested in the Gift Certificate and Loan Program. It appears in the form of a 6x3 clipping, with the picture of a nurse, a place for them to fill out and return by mail to the chairman, Mrs. George Spears. A private jewelry sale is being planned and the proceeds will go into the General Fund.

Speakers for the afternoon were Mrs. George Cooper, 9th District Director from Waverly and Mrs. S. L. Meltzer, First Vice-President of the State Auxiliary from Portsmouth.

LOGAN

The Woman's Auxiliary to the Logan County Medical Society met in the home of Mrs. F. W. Kaylor for dessert, with a good attendance. Mrs. George Freetage, president, presided and conducted the business session. A nurse recruitment tea was planned. Committee reports were given and the following were elected to office: Mrs. Joseph Springer, president; Mrs. George Freetage, vice-president; Mrs. John Wolfe, president-elect; Mrs. George Gensmere, secretary; Mrs. C. K. Startzman, corresponding secretary; Mrs. John Traul, treasurer.

A safety program consisted of modeling hats decorated with items dangerous to children.

LUCAS

The seventh annual Mothers March on Polio was held on January 30. This project is organized and directed wholly by the Lucas County Auxiliary. Over 6,000 mothers collected at every home in Lucas County for funds for the local and national chapter of the Foundation for Infantile Paralysis.

Prior to the drive, the Auxiliary entertained all the workers at a tea at the Academy Building. There were over 300 present. Guest speaker was Mr. George N. Barrie, regional director for the National Foundation, whose theme for this year's drive was, "Survival is not enough." Miss Patty Hicks of Minneapolis, National Chairman of the very active and interested young group "Teens Against Polio," was a guest. Total collection for the hour's march was $56,653.38.

Mrs. J. W. Millis was chairman for the Mothers March with Mrs. Albert Bershon, Mrs. A. J. Blanchard and Mrs. Thomas Bowlus as co-chairman. The committee packaged over 6000 Mothers Kits needed for the workers. There was excellent press coverage. The radio station gave time for broadcasts before and during the March and the local television station gave time for three appearances to explain the necessity of continuing this project.

MAHONING

Members of the Woman's Auxiliary to the Mahoning County Medical Society invited guests for luncheon and style show on February 11 at Tippecanoe Country Club. Over 250 women were present. Sherry's Inc., showed an array of the newest in advance fashions for spring and summer and were modeled by members of the Auxiliary. Mrs. Marcus Kilch was the commentator.

Luncheon decorations were keyed to the valentine theme. Arrangements of flowers were distributed as prizes, the winners being Mrs. C. E. Pichette, Mrs. Victor Junius and Mrs. Leo Henry.

In charge of the event were Mrs. R. M. Foster and Mrs. James L. Calvin, chairman and co-

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chairman of the program committee. Mrs. F. A. Friedrich and Mrs. Frank Gellman headed the social committee.

RICHLAND

Thirty-seven members were present when the Woman's Auxiliary to the Richland County Medical Society met for luncheon at the Women's Club.

Guest speaker was Judge Herbert Schettler. His topic concerned "Estate Planning." Mrs. Paul Lee opened the business meeting; various committee reports were given; Mrs. Robert Tawse reported on Nurse Recruitment and informed the members that Mrs. Robert Crawford would be in charge of the Post-Graduate Scholarship Fund.

Each week members do volunteer work on the Bookmobile at Mansfield General Hospital. Mrs. Russell Barnes distributed literature concerning Civil Defense. Delegates were appointed to the State convention to be held in Cincinnati. Mrs. Harry Wain is the presidential delegate with Mrs. Milton Oakes and Mrs. C. F. Curtis as regular delegates. Mrs. R. E. Frush is alternate.

Hostesses for the day were Mrs. Karl Langacher, Mrs. John Hattery and Mrs. C. H. Bell.

SCIOTO

Approximately 450 freshman and sophomore girls from city and county high schools attended a tea and tour of Mercy Hospital and its school of nursing. The event was planned and sponsored by the Woman's Auxiliary to Scioto County Medical Society in the interest of nurse recruitment—a project of the auxiliary.

Highlighting a business meeting of the auxiliary following the tea and tour was an announcement by Mrs. George W. Martin, chairman of the nominating committee.

The 1958-59 officers will be Mrs. Armin A. Melior, president; Mrs. William Singleton, vice-president; Mrs. A. Louis Berndt, president-elect; Mrs. L. B. Hatch, secretary; Mrs. G. E. Neff, treasurer; Mrs. Milton Levine, historian, and Mrs. B. U. Howland and Mrs. Martin, advisory board.

Mrs. J. T. Gohmann and Mrs. Hatch were co-chairmen of the tea and tour for the high school students.

Tours were conducted in small groups by student nurses after the young visitors were shown a film on a nursing career from the University of Pennsylvania.

The tea was held in the recreation room of Madonna Hall. Mrs. William C. Hugenberg and Mrs. Martin poured.

Mrs. Hugenberg, president, conducted the business meeting in the library of Madonna Hall after the dismissal of the student guests.

STARK

George Washington's birthday provided the decorating theme for the tea table at the meeting of the Woman's Auxiliary to the Stark County Medical Society on February 18 at the Canton Garden Center.

Mrs. Richard Spitzer presided. Delegates were elected for the annual meeting of the State organization. They are Mrs. Mark Herbst, Mrs. John Seesholtz and Mrs. Roy Clunk. Alternates are Mrs. William White, Mrs. Delmar Gard and Mrs. John Thompson.

Contributions were made to the American Medical Education Fund for which Mrs. Herbst is chairman.

Wallet health cards were distributed by Mrs. Harold Bowman, chairman. A report was given by Mrs. Howard Ickes on the participation of Stark County Schools in the A. A. P. S. essay contest.

Miss Carol Pederson, president of the McKinley Future Nurses Club, presented a brief talk on the activities and opportunities of her club.

Following the business meeting pictures of the Holy Land were shown and narrated by Mrs. L. E. Leavenworth.

Mrs. Sam Maxwell, chairman, was assisted by Mrs. W. A. Lieser as co-chairman.

SUMMIT

The Woman's Auxiliary to the Summit County Medical Society met for a luncheon on February 4 at the Sheraton-Mayflower Hotel.

The meeting was planned around Health in cooperation with the coming 11th Annual Health Days to be held at O'Neil's Auditorium in Akron. Mrs. J. W. Parks is chairman and Mrs. E. L. Mollin is co-chairman. The auxiliary invited as their guests the Dental Auxiliary and members of interested health and welfare agencies.

Mrs. R. R. Pliskin introduced the speaker W. W. Bauer, M. D., who is Director of the Bureau of Health Education of the American Medical Association. The title for his talk was "The Nation's Health is Good."

Chances were sold on the floral table decoration and the proceeds went for A. M. E. F. fund.

TRUMBULL

The Trumbull County Medical Auxiliary held its monthly meeting on February 20 in the Trumbull Memorial Nurses Lounge. Special guests for the day were honorary members and past presidents. Following a short business meeting conducted by the president, Mrs. Clyde Muter, the

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Phenobarbital	gr. 1/
Acetophenetidin	gr. 2½
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...from pain of muscle and joint origin, simple headache, neuralgia, and the symptoms of the common cold.

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The established Sanborn Model 51 Viso-Cardiette is also available for those who prefer a larger, heavier (34 lbs.) instrument — $785.00, delivered. Many doctors use their "51 Viso" in the office and the Visette on "cardiograph calls."

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members and guests were treated to a delightful showing of new spring hats. Mrs. Paul Russell, of Strouss-Hirshbergs, conducted the show and Mrs. Fannie Bauman and Mrs. Evelyn Thayer were the models. Student nurses from the senior class assisted the co-hostesses, Mrs. Morton Crow and Mrs. Thomas Wilson, in serving tea after the meeting.

TUSCARAWAS

Dr. and Mrs. Paul Ebert's home in Dover was set up as a "disaster station" when the Woman's Auxiliary to the Tuscarawas County Medical Society held a civil defense program.

Sixteen members and two guests, Mrs. J. S. Bates of Dover and Mrs. James F. Zeller, attended. Special guests were several nurses from Union Hospital.

O. C. Wallace, Tuscarawas county civil defense director, was guest speaker and discussed the national, state and local levels and preparation for civil defense. After his informative talk, a film entitled "Communications during a Disaster" was shown by Sergeant Kincaid of the Canton Filter Center. The program was in charge of Mrs. J. W. Hamilton of Dover and she presented an appropriate skit.

Table decorations were in keeping with a civil defense theme. Mrs. George Woodward of Dover was hostess chairman and assisting her were Mrs. Paul Hisrich, Mrs. Bates, Mrs. Frank Yeager and Mrs. Jurgis Balciunas.

During the business meeting, it was announced that the Auxiliary's Yuletide Tour had netted $918 and that sum will be applied to the nurses' loan fund. It also was announced that the physicians in Tuscarawas County donated $725 to the American Medical Education Foundation.

The Auxiliary currently is sponsoring an essay contest in cooperation with the Association of American Physicians and Surgeons. Officials of seventeen high schools, public and parochial, in the county have been contacted and have expressed their desire for student participation. The local Medical Society is offering a $50 savings bond for best essay entered. Second prize will be a $25 bond and third prize $10 in cash. The three winning essays will be placed in the state competitions. All materials for the contest have been distributed to the schools and are available to the pupils.

An official communication from the Armed Forces reported that Captain Harold G. Kelso, Jr., recently participated in the 7th US Army maneuver, Operation Sabre Hawk, which involved more than 100,000 men in Germany. He is scheduled to return to practice in Dayton about January, 1959.

Procedure To Be Taken in Emergency When Medicare Identification Card Is Not Available

What procedure may the doctor follow under emergency conditions when the patient claims to be eligible under the Medicare program but does not have the required identification card?

These circumstances have arisen frequently and for that reason the Office for Dependents' Medical Care has set up a procedure to be followed by physicians and hospitals. The procedure as stated in ODMC Letter No. 10-58 is as follows:

The primary means of identification continues to be the DD Form 1173. When this identification card is not available and treatment is required under emergency conditions and similar circumstances (to mean those instances in which treatment is necessary for the preservation of life, health, or well-being of the patient, including in general, bodily injuries, medical or surgical conditions, and obstetrical and maternity care) one of the following forms of identification will be acceptable:

a. Statement of a local commander having knowledge of the sponsor's status that the patient is a bona fide dependent.

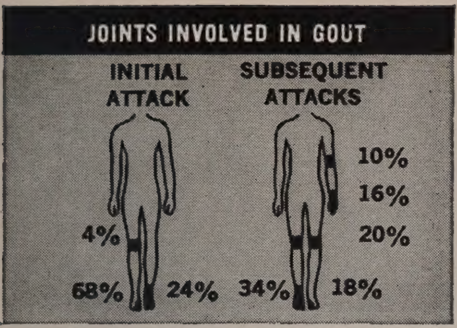
b. Other official uniformed services documents and/or identification cards signed by an official, reflecting the patient as being a dependent eligible for civilian care under Medicare.

c. Statement of the physician or hospital authority that he has personal knowledge of the identification of the patient, of her dependency status, and eligibility for civilian care under Medicare.

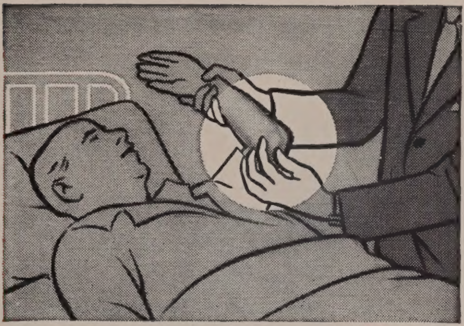
d. Civilian type identification such as Social Security card, driver's license, etc., identifying the party certifying to eligibility in Section III of the claim form as being the individual so stated. When this type of identification is used, care should be exercised in assuring that the name on the identification document used is the same as the name signed in Section III.

The statement as to the reason why the DD Form 1173 was not available should be obtained by the administrative agency. However, in those instances where obtaining such statement is not practicable and the above identifying documentation is available, the agency may waive this latter requirement and the claim form annotated accordingly.

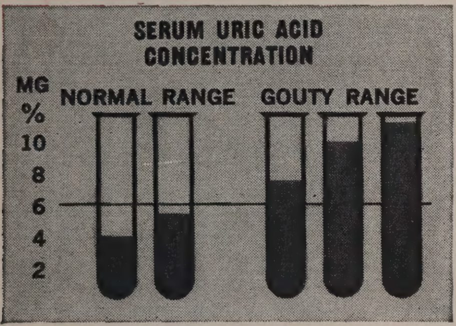
Undated or expired cards are not considered acceptable and, in those instances where expired cards are presented, the same provisions apply as if no card were presented. Identification cards containing the word "Indefinite," or abbreviation



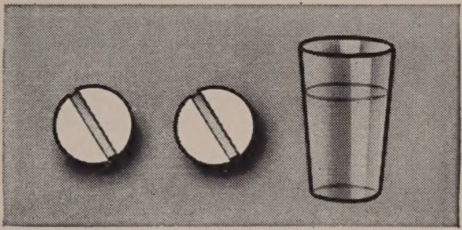
1. Recurrent joint pain followed by long periods of complete remission. *(Percentages refer to incidence.)*



2. Enlargement of bursae such as in this case involving the olecranon bursa.



3. Elevated serum uric acid levels.



4. Colchicine test: full dose (0.5 mg.) every 1 to 2 hours until pain is relieved or nausea, vomiting or diarrhea occur. The test requires usually 8 to 16 doses. Pain relief is highly indicative of gout.

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thereof in lieu of a specific date, are considered acceptable.

The above requirements are applicable for all claims reflecting a beginning date subsequent to 31 December 1957.

* * *

Medicare Authorizes the Billing of Drugs for Maternity Patients

The following communication in regard to furnishing of drugs to maternity patients under the medicare program is from Maj. Gen. Paul I. Robinson, executive director, Office for Dependents' Medical Care:

1. Nothwithstanding paragraph 6 of ODMC Letter No. 4-58 or the absence of specific reference in the "Medicare Manual and Schedule of Allowances," as included in contract restatements and extensions, the provisions of paragraph 4j, ODMC Letter No. 4-58 relating to the furnishing of drugs to maternity patients will continue in effect until further notice.

2. In other words, the policy of permitting physicians to add to their statements (DA Form 1863) their cost of those drug items which have been directly or indirectly furnished to a maternity patient is continued in effect. (Direct furnishing of drugs is: supplying drugs by the physician's office to the patient; indirect furnishing is: the physician writes a prescription to the patient but has the pharmacy bill him, the physician, for the drugs dispensed.)

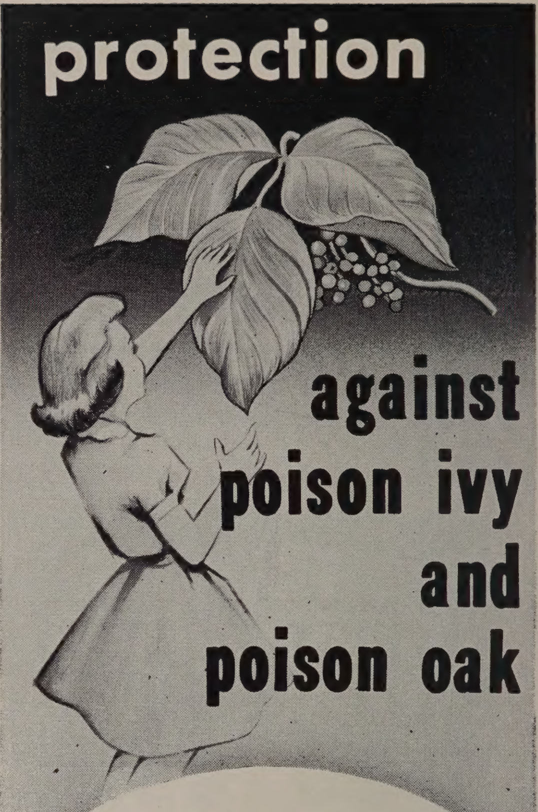
3. In order to be considered payable as a "complete" claim, the itemized cost of drugs furnished to maternity patients must be entered on the Claim Form (DA Form 1863) or attached thereto. Minimum itemization must include: the quantity, the nomenclature, and the cost of the drugs.

Influenza Blamed for Slight Decrease In Life Expectancy Last Year

After rising without interruption for 13 successive years, the average length of life of American wage earners and their families decreased slightly in 1957 from the all-time high of 70.2 years established the year before, it is reported by statisticians of the Metropolitan Life Insurance Company. The setback is attributed largely to the effect of the Asian influenza outbreak in the last months of 1957.

According to provisional mortality figures for 1957, the average length of life (expectation of life at birth) was 69.9 years, or 0.3 years below that for 1956.

In spite of the decrease the figure for 1957 exceeded by 3½ years that of a decade ago and by 23½ years the figure for 1909.



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Buckeye News Notes

Portsmouth—"Cancer and Detection of Cancer" was the topic used by Dr. Robert N. Counts in addressing the Business and Professional Women's Club.

Painesville—Dr. J. G. McClellan spoke on prescribed methods for losing weight, before a meeting of the Home Demonstration Weight Watchers.

Euclid—The lecture hall in the new diagnostic wing of the Euclid Clinic Foundation has been named the "Hudson DeMott Fowler, Sr., M. D., Lecture Hall" in honor of Dr. Fowler.

Massillon—The Massillon Woman's Club heard Dr. Donald Pocock speak on heart disease.

Marion—The value of youth work and the need for youth leadership was the topic taken by Dr. Robert T. Gray in addressing the Kiwanis Club.

Ravenna—Dr. Robert Roy spoke on cause and effects of rheumatic heart disease before the Immaculate Conception Church Parents Club.

Findlay—The Kiwanis Club heard an address on "Medical Aspects of Civil Defense" by Dr. C. H. Evans.

Cleveland—A newly-elected member of the John Carroll University advisory board of lay trustees is Dr. A. Carlton Ernstene.

Youngstown—Food allergies was the field discussed by Dr. Clyde Walter in a talk before the Mahoning Valley Dietetic Association.

Bucyrus—The W. G. Carlisle Elementary School has been so named in honor of Dr. W. G. Carlisle for his outstanding medical, community and school services.

Piqua—The Central Ohio Heart Association has honored Dr. John T. Quirk for his 10 years of activities in and for that organization.

Madison—Dr. and Mrs. Julian V. Winans recently observed their 70th wedding anniversary.

Gallipolis—Sixth grade youngsters were helped in their study of the heart by Dr. Joseph P. Brady, who used slides and a heart model in speaking to the class.

Washington Court House—In memory of the late Dr. N. M. Reiff, a heart "pacemaker" and defibrillator have been presented to Fayette County Memorial Hospital.

Ashtabula—Junior Mothers of the Child Conservation League heard Dr. James Atkinson speak on child development.

Lima—"Sex Education" was the subject taken by Dr. Nathan Kalb in an address before the Child Study Group, Lima Branch, American Association of University Women.

Dr. Iler Named as a Member of The State Medical Board

Governor C. William O'Neill has named to the State Medical Board Dr. Harris D. Iler, of Cleveland and Lakewood, for a seven-year term. He succeeds Dr. H. Karl Dimlich, who died last September.

Dr. Iler is a native of Osceola, Michigan, and a graduate of Western Reserve University School of Medicine, class of 1927. He was licensed to practice in Ohio that same year. His training continued in Cleveland where he interned at Lakeside Hospital and Blodgett Memorial Hospital and later as a resident also at Lakeside. He took special training in surgery at Lakeside and the Cleveland Clinic and entered general practice in 1930.

Appointments include those on the staffs of Lakewood, Fairview Park, Berea and Lutheran Hospitals. Dr. Iler is on the Board of Directors of the Academy of Medicine of Cleveland and has served on the Academy's Committee on Ethics, both as a member and as chairman; also on the Legislative and Military Advisory Committees. He is a member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. His military record includes service in the Army Medical Corps from 1942 to 1945 where he attained the rank of lieutenant colonel. Dr. Iler is married and the father of three children.

Other members of the State Medical Board are: Dr. J. N. McCann, Youngstown; Dr. J. O. Watson (osteopath), Columbus; Dr. W. M. Hoyt, Hillsboro; Dr. Donald F. Bowers, Columbus; Dr. Horace B. Davidson, Columbus; Dr. John D. Brumbaugh, Akron, and Dr. Frederick T. Merchant, Marion. Dr. H. M. Platter is secretary to the Board.

Mount Gilead—Dr. David J. Hickson has been elected president of the Central Ohio Mental Health and Guidance Center board of directors.

Cleveland—The Cory Methodist Church has honored Dr. I. B. Scott for his 30 years of service as general superintendent of the church school.

Cincinnati—Dr. John F. Mueller, assistant professor in the Department of Internal Medicine, University of Cincinnati, took part in the first Oklahoma colloquy on advancements in medicine. He gave two talks, one on "Clinical Studies in Patients Receiving Long-Term Infusion of Fat Emulsions," and the other, "Physiologic Observations on Fat Transport—Utilization of Intravenous Emulsions."

Cleveland—Dr. Frederick C. Robbins is scheduled to appear on the program of the Hawaii Summer Medical Conference in Honolulu, July 1 - 3.

WHAT TO WRITE FOR

Some booklets, pamphlets and other published material available for the asking or at nominal expense and suitable for the physician's office, library or waiting room, or for his personal information.

* * *

Health Costs of the Aged. Collection of data pertinent to problems of providing older people with adequate medical care. Statistical information includes use of physicians' services and medical costs. (65 cents) Write U. S. Government Printing Office, Division of Public Documents, Washington 25, D. C.

* * *

Helping Children in Trouble. Stresses importance of reaching children with behavior problems before their problems become acute. Suggests how community can help. (15 cents) Write Government Printing Office, Division of Public Documents, Washington 25, D. C.

* * *

To the People We Serve. Explains county medical society programs and committees, budget plan, emergency procedure; for patients, lay readers. Write Lycoming County Medical Society, Williamsport, Pa.

* * *

The Effects of Nuclear Weapons. Comprehensive summary of latest knowledge of effects of nuclear weapons, including nuclear, residual nuclear and long-term radiation. ($2) Write Superintendent of Documents, Washington 25, D. C.

* * *

How to Use Local Television and Radio in the Health Field. Down-to-earth material resulting from the joint conference of the American Medical Association and the National Association of Radio and Television Broadcasters. Write AMA, 535 North Dearborn Street, Chicago 10, Illinois.

* * *

What Is an Ophthalmologist? Folder gives definitions designed to give lay people better understanding of eye care. Write National Medical Foundation for Eye Care, New York City, New York.

* * *

Self-Evaluation Schedule for Medical Assistance Programs. This 35-page booklet gives the blueprint for analysis of programs. ($1) Write American Public Welfare Association, 1313 East 60th Street, Chicago 37.

Ohioans Take Part In AMA Rural Health Session

Ohioans took prominent part in the AMA's 13th National Conference on Rural Health, held at Jackson, Miss., March 6-8, in which Dr. Carll S. Mundy, Toledo, presided over the opening session. He is vice chairman of the AMA Council on Rural Health.

Dr. Robert E. Reiheld, Orrville, a member of the OSMA Committee on Rural Health, was one of the speakers at the meeting, his topic being the OSMA preceptorship program at the University of Cincinnati College of Medicine.

Dr. E. K. Yantes, Wilmington, chairman of the Rural Health Committee, and Robert E. Rakel, Cincinnati medical senior and national president of the Student AMA, participated in a roundtable discussion of medical education which is to be published in *The New Physician.*

Discussion leader for the entire conference was Jacob P. Schmidt, Ph. D., extension professor, Agricultural Extension Service, Ohio State University, assisted by Mrs. Schmidt. Also attending was Charles W. Edgar, OSMA headquarters staff, secretary of the Rural Health Committee.

Cleveland Anesthesiologist To Have Dr. Lull As Guest Speaker

Dr. George F. Lull, Assistant to the President of the American Medical Association, will be guest speaker for the Whitacre Memorial Address, sponsored by the Cleveland Society of Anesthesiologists. His talk entitled "The Regulated Practice of Medicine," will be given at a dinner meeting at the Wade Park Manor in Cleveland, on Wednesday evening, April 23. Interested persons should contact Sidney W. Helperin, M. D., 20665 Century Way, Maple Heights, Ohio.

Clinical Electrocardiography Course at Huron Road

The Medical Staff of Huron Road Hospital, Cleveland, will present a two and a half day postgraduate course in Clinical Electrocardiography on May 2, 3 and 4. The emphasis will be placed on the clinical aspects of electrocardiography as used in clinical practice.

Basic concepts of electrocardiography will be reviewed but the discussions will center around the interpretation of multiple precordial and unipolar and bipolar extremity leads.

The American Academy of General Practice will allow credit of 15¼ hours for this course.

Details may be obtained from the Huron Road Hospital, 13951 Terrace Road, Cleveland 12, Ohio.

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Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

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* J.A.M.A. *166*:158,1958; Welsh,A.L. and Ede,M.
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*
1. Clyman, S. G.: Postgrad. Med. *21*:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey *53*:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. *3*:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. *50*:837, 1954.
5. Bleiberg, J.: Am. Practitioner *8*:1404, 1957.

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1. Russek, H. I.: Postgrad. Med. *19*:562 (June) 1956.

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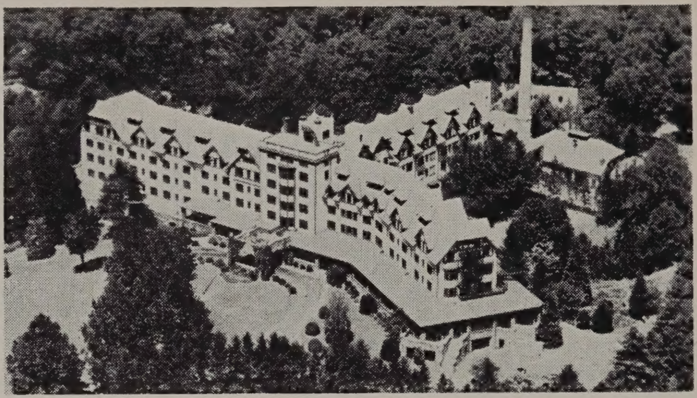

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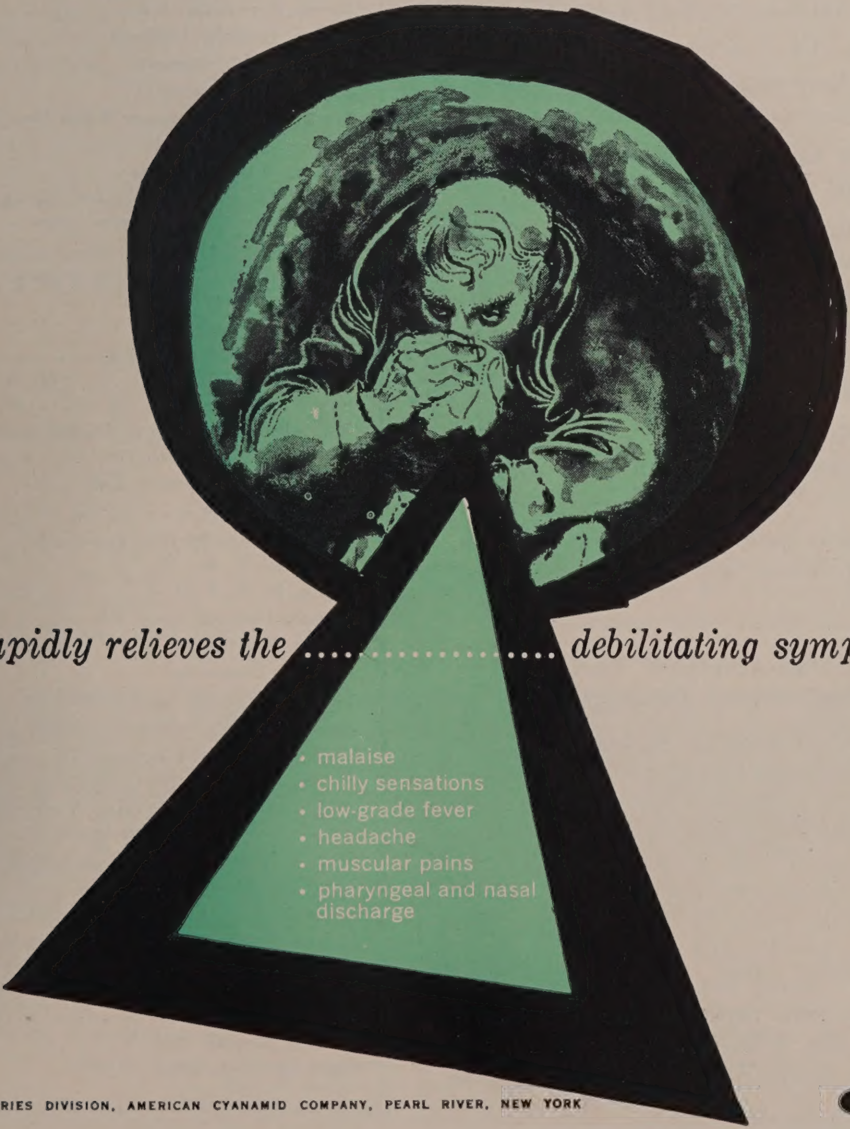

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- muscular pains
- pharyngeal and nasal discharge

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COMING MEETINGS

1958 Annual Meeting, Ohio State Medical Association, Cincinnati, April 15-17.

American Medical Association, Annual Session, San Francisco, June 23-27.

American College of Surgeons, Course in Fractures and Other Trauma, Chicago, April 16-19.

Amercan Trudeau Society, 53rd Annual Meeting, Philadelphia, Pa., May 19-22; concurrent with meetings of the National Tuberculosis Association.

Fifth International Congress of Internal Medicine, Philadelphia, Pa., April 24-26.

1958 Industrial Health Conference, Atlantic City, N. J., April 19-25.

Medical Education Week, April 20-26.

Northern Tri-State Medical Association, Annual Meeting, May 8, South Bend, Ind.

Ohio Academy of History of Medicine, Taft Museum, Cincinnati, April 26.

Ohio State Heart Association, 1958 Annual Meeting, April 14, Cincinnati.

Pan American Medical Women's Alliance, Sixth Biennial Congress, Hotel McAllister, Miami, Fla., April 14-17.

Veterans Administration Clinical Conferences, Weekly on Wednesdays, 8:00 to 9:00 a. m., Cuyahoga Bldg., Cleveland.

Western Reserve University's Law-Medicine Center, two-day institute entitled, "The Mind: A Law-Medicine Problem," April 25-26.

West Virginia State Medical Association, Annual Meeting, White Sulphur Springs, W. Va., August 21-23.

Lithuanian-American Doctors Elect Officers for Year

The Lithuanian-American Medical Association of Ohio has announced its slate of newly elected officers for 1958. There are now 48 active members and four resident members in the organization, all members of their respective County Medical Societies, the secretary reported.

Officers are the following: President, Dr. Henrikas Brazaitis, 30515 Euclid Ave., Wickliffe; past-president, Dr. Daniel Degesys, Cleveland; vice-president, Dr. Jonas Stankaitis, Cleveland; treasurer, Dr. Vladas Ramanauskas, Cleveland; and secretary, Dr. Kazys Ambrozaitis, 2222 Central Ave., Cleveland 15.

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Physicians seeking locations in Ohio are invited to contact the Physicians' Placement Service in the executive offices of the Ohio State Medical Association, 79 E. State St., Columbus 15. Through this medium efforts are made to establish communications between physicians seeking locations and communities where physicians are needed, or other physicians who are in need of associates.

GENERAL SURGEON, Experienced, Ohio licensed, Board Qualified, desires private practice location. Box 273, c/o Ohio State Medical Journal.

DOCTOR'S OFFICE FOR RENT: Vacated due to death. A perfect setting for general practice. This 5-room office is fully equipped; heat furnished; elevator service; private parking. Located in physicians' building. May be rented with or without equipment. City pop. 45,000; excellent hospital facilities. Medical laboratory in building. For information call: Jesse J. Hedges, West Village Dr., Newark, Ohio; Phone DIamond 4-4940.

MEDICAL AND DENTAL OFFICES available in a new ten-unit all airconditioned medical building. Contact A. W. Brownstone, M. D., Painesville, Ohio.

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PHYSICIAN'S OFFICE FOR RENT. Well established general practice. Office equipment and furniture for sale. Mrs. Robert A. Thornton, 43 E. Tompkins St., Columbus 2, Ohio; Phone AM 2-9829.

OFFICE SPACE available for general practitioner or pediatrician in large Cincinnati suburb. Modern building in excellent location. Physician owner has well-established general practice and is desirous of having a physician in the building to assist him, besides having his own private practice. Office consists of waiting room, consultation room, nurse's room, powder room, laboratory and 3 treatment rooms. Please direct inquiries to Clayton L. Scroggins Associates, 141 W. McMillan St., Cincinnati 19, Ohio. Phone WO 1-1010.

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FOR RENT: Physician, optician or chiropodist—If it's a growing suburban location you are looking for with black top parking at door, call BElmont 1-9458, Columbus, Ohio.

FOR SALE: Gen. Practice in new modern suburb of Cleveland; excellent potential. Purchase office and examining room equipment, virtually new. For details write: Box 978, c/o Ohio State Medical Journal.

IDEAL DOCTOR'S RETREAT—Far from the maddening crowd and telephone. Single cottage on Walhonding River. Three screened porches for sleeping and summer living. Comfortable inside room with wood-burning fireplace. Electric stove, refrigerator. Spring water tested by OSU lab. Fishing, boating, swimming. Ideal for families. Rent by season, May 1 - Oct. 1. Mrs. Rendell Rhoades, 1807 Northwest Blvd., Columbus 12, HU 8-5362.

POSITION AVAILABLE: One year residency at Akron City Hospital. 565 beds. Residency to start July 1, 1958 to July 1, 1959. Please reply to: Dr. D. J. Roberts, Chief of General Practice, Akron City Hospital, Akron 9, Ohio.

OFFICE of the late Dr. Claude B. Estle in New Albany for rent; equipped other than x-ray; in center of agricultural dist., 14 miles from Broad & High in Columbus; recently occupied by M. D. Phone UL 5-7345, Mrs. Claude B. Estle, 24 S. High St., New Albany, Ohio.

WANTED IMMEDIATELY: Assistant Physician, tuberculosis hospital, Ohio. Experience in tuberculosis preferable but not essential. Full maintenance; salary open. Box 979, c/o Ohio State Medical Journal.

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COMPLETING Third year training in Internal Medicine; 32, family, Ohio licensed. Interested in private or group practice. Box 981, c/o Ohio State Medical Journal.

LOCUM TENENS: General practitioner wanted beginning July or August through October or November. Good community, Cincinnati, Ohio. Box 982, c/o Ohio State Medical Journal.

The 28th All-Ohio Safety Congress and Exhibit is scheduled to be held in the Deshler-Hilton Hotel, Columbus, April 22, 23 and 24.

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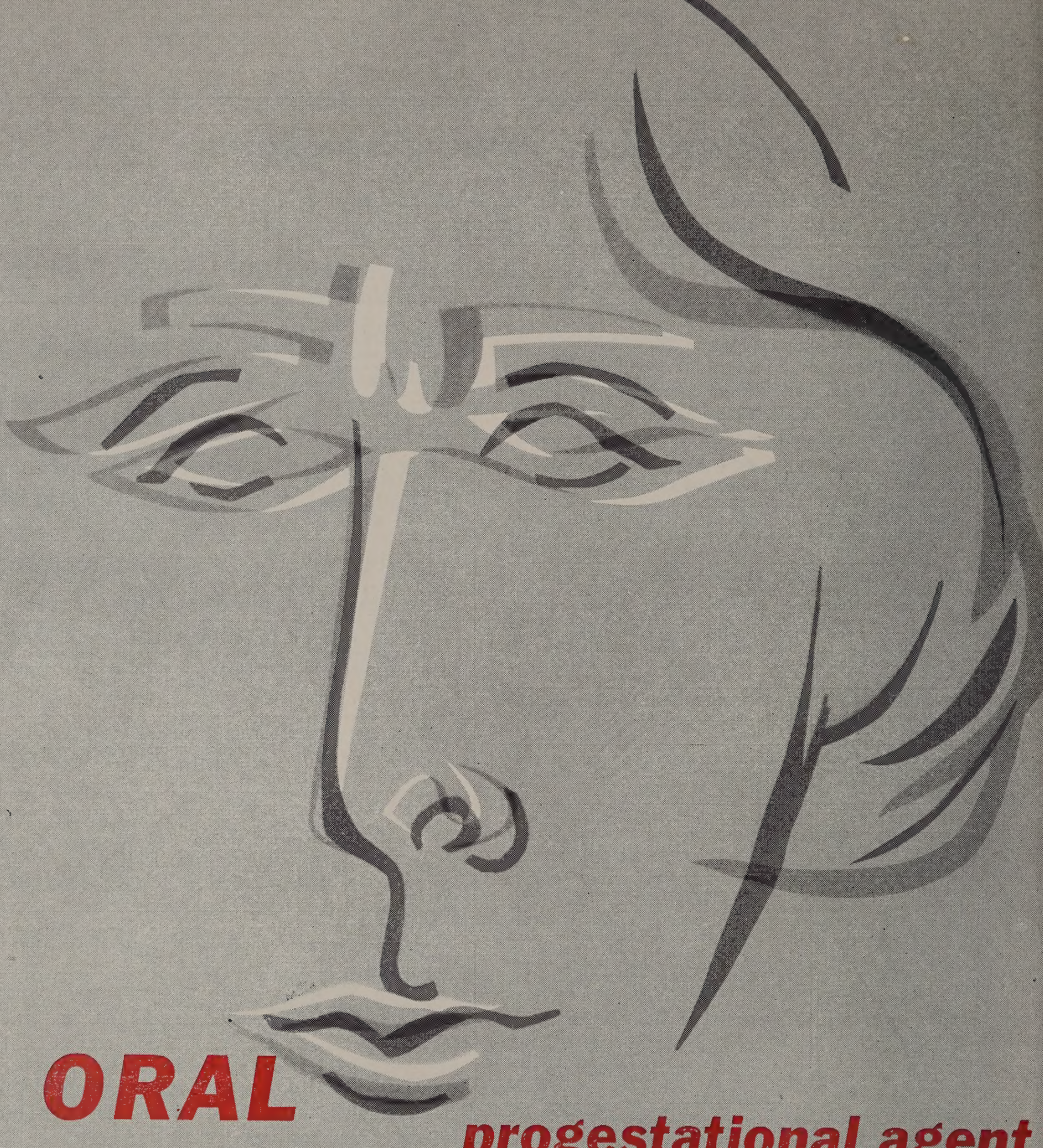
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A 44-year-old woman had spotting and bleeding for 10 days. She was treated with NORLUTIN, 10 mg. twice daily for 4 days. Bleeding stopped during medication and 24 to 72 hours after cessation of therapy normal withdrawal bleeding occurred.

References: (1) Greenblatt, R. B., & Clark, S. L.: M. Clin. North America, Philadelphia, W. B. Saunders Company (Mar.) 1957, p. 587. (2) Greenblatt, R. B.: *J. Clin. Endocrinol.* *16*:869, 1956. (3) Hertz, R.; Waite, J. H., & Thomas, L. B.: *Proc. Soc. Exper. Biol. & Med.* *91*:418, 1956.

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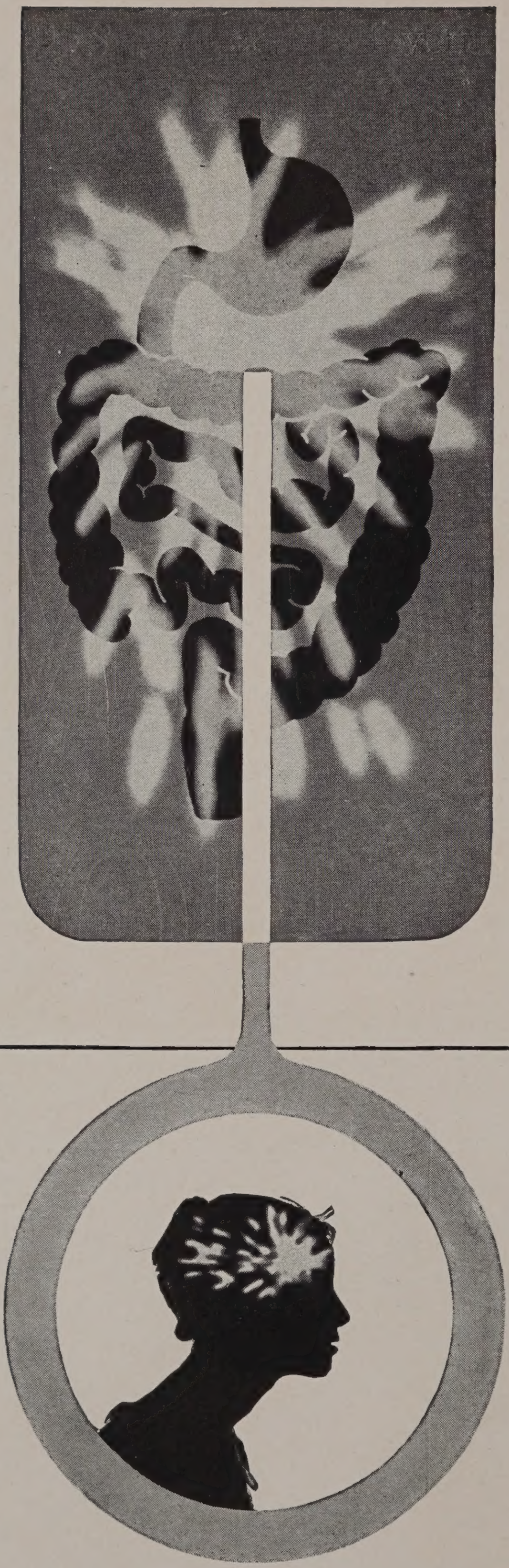

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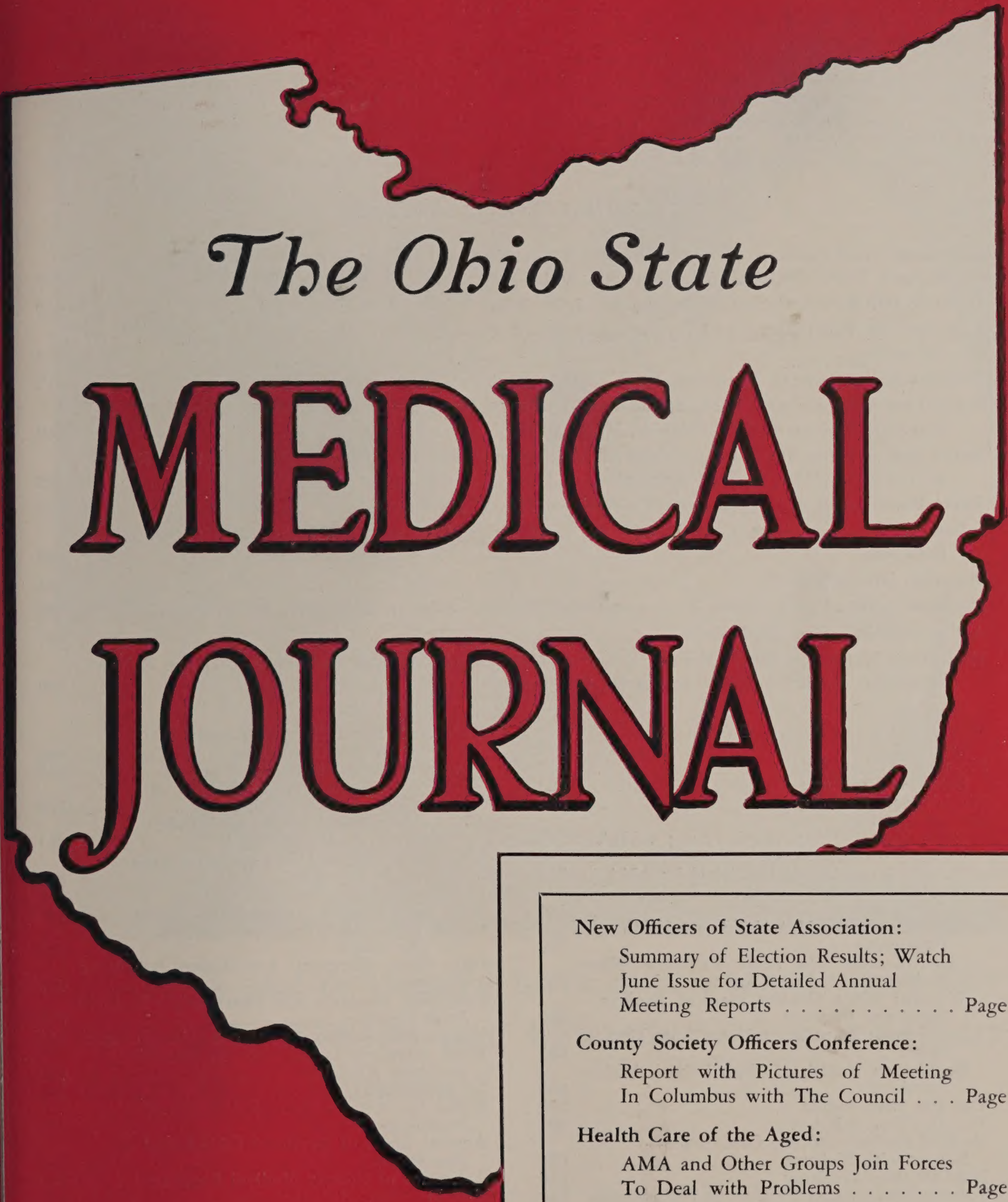

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The Ohio State Medical Journal

Vol. 54 May, 1958 No. 5

Published monthly by The Ohio State Medical Association, 79 East State Street, Columbus 15, Ohio. Subscription, $5.00 per year to non-members; Single Copy, 50 cents.

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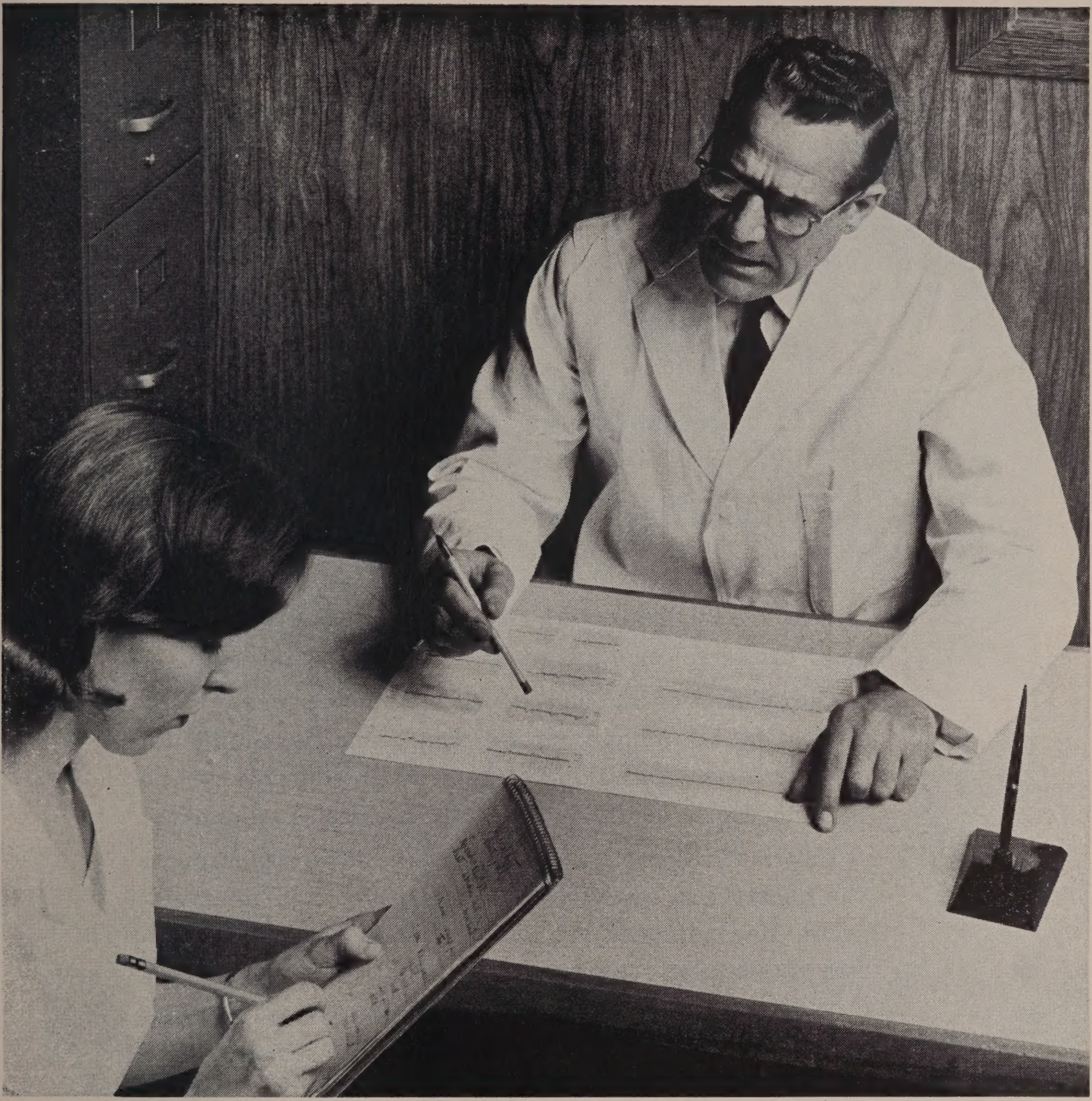

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American Meat Institute
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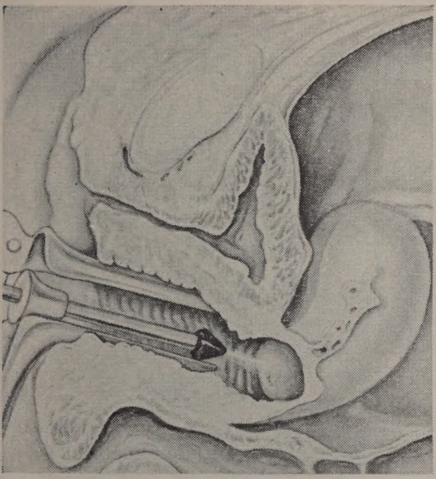
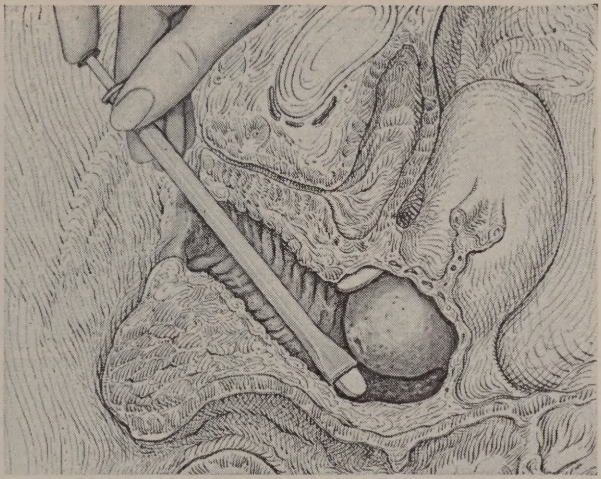
COMPREHENSIVE VAGINITIS REGIMEN



Powder Insufflation



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Floraquin® Rebuilds the Defense Mechanism in Vaginitis

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*Williamson, P.: Trichomonad Infestation, M. Times *84*:929 (Sept.) 1956.

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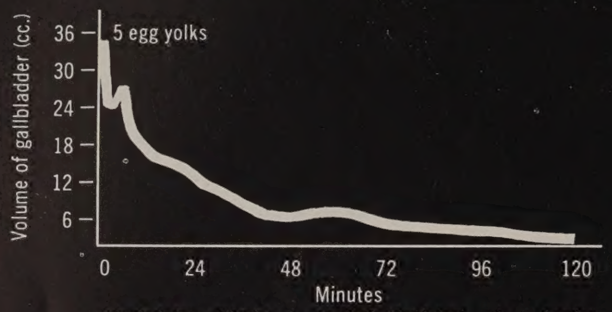
CLINICAL BRIEFS FOR MODERN PRACTICE

"EMPTYING" OF GALLBLADDER AFTER FATTY MEAL*



*Adapted from Wright, S.: Applied Physiology, ed. 8, London, Oxford University Press, 1947, p. 734.

What's wrong with the term "emptying of the gallbladder"?

The gallbladder discharges bile by fractional evacuation. It is not emptied completely at any one time even following a fatty meal.

Source—Lichtman, S. S.: Diseases of the Liver, Gallbladder and Bile Ducts, ed. 3, Philadelphia, Lea & Febiger, 1953, vol. 2, p. 1177.

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increases bile flow and gallbladder function—combats bile stasis and concentration . . . helps thin gallbladder contents.

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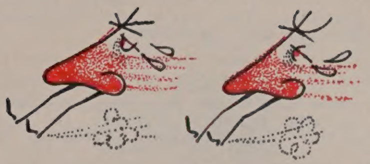

caused by pollen allergies

TRIAMINIC stops rhinorrhea, congestion and other distressing symptoms of summer allergies, including hay fever. Running nose, watery eyes and sneezing are best relieved by antihistamine *plus* decongestant action — systemically — with TRIAMINIC.

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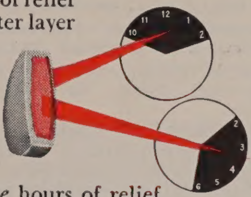

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HARDIN—Louis A. Black, President, Kenton; William F. Binkley, Secretary, Kenton. 2nd Tuesday, monthly.

LOGAN—Frederick W. Kaylor, President, Bellefontaine; Charles A. Browning, Jr., Secretary, Bellefontaine. 1st Friday, monthly.

MARION—Daniel M. Murphy, President, Marion; James A. Schuler, Secretary, Marion. 1st Tuesday, monthly, except June, July, August.

MERCER—Donald R. Fox, President, Celina; Robert F. Brashear, Secretary, Rockford.

SENECA—Harry P. Ulicny, President, Fostoria; Emmet T. Sheeran, Secretary, Fostoria. 3rd Tuesday, monthly.

VAN WERT—Edwin Wm. Burnes, President, Van Wert; Norman L. Marxen, Secretary, Van Wert. 1st Friday.

WYANDOT—Richard L. Garster, President, Upper Sandusky; Allen F. Murphy, Secretary, Upper Sandusky. 2nd Tues.

FOURTH DISTRICT

DEFIANCE—William S. Busteed, President, Defiance; Gerald A. Huber, Secretary, Defiance. 1st Saturday, monthly.

FULTON—Edwin R. Murbach, President, Archbold; Robert A. Ebersole, Secretary, Archbold. 4th Tuesday, monthly.

HENRY—Tony P. Delventhal, President, Napoleon; Thomas F. Tabler, Secretary, Holgate. 1st Tuesday, monthly.

LUCAS—Harvey C. Gunderson, President, Toledo; Mr. Robert W. Elwell, Executive Secretary, 3101 Collingwood Blvd., Toledo 10. 3rd Tuesday, monthly.

OTTAWA—Cyrus R. Wood, President, Port Clinton; Robert W. Minick, Secretary, Oak Harbor. 2nd Thursday, monthly.

PAULDING—Edythe C. Pritchard, President, Paulding; D. E. Farling, Secretary, Payne. 3rd Wednesday, monthly.

PUTNAM—Joseph J. McHugh, President, Ottawa; Will W. Moody, Secretary, Vaughnsville.

SANDUSKY—Edwin C. Swint, President, Fremont; Paul E. Burson, Secretary, Bellevue. 3rd Wednesday, monthly.

WILLIAMS—David S. Brown, President, Stryker; Harvey F. Dee, Secretary, Edgerton. 3rd Tuesday, monthly.

WOOD—Stewart J. Smith, President, Bowling Green; Richard L. Pearse, Secretary, Bowling Green.

FIFTH DISTRICT

ASHTABULA—Walter J. Brown, President, Conneaut; Robert J. Zimmerman, Secretary, Conneaut. 2nd Tuesday, monthly.

CUYAHOGA—Thomas D. Kinney, President, Cleveland; Mr. Robert A. Lang, Executive Secretary, 2009 Adelbert Road, Cleveland 6. 2nd Tuesday, monthly.

GEAUGA—Hubert E. Shafer, President, Middlefield; Alton W. Behm, Secretary, Chardon. 2nd Friday, monthly.

LAKE—Robert A. Irvin, President, Painesville; Mrs. Owen A. McLaren, Executive Secretary, 1051 Cadle Avenue, Mentor. 2nd Tuesday, monthly, except July and August.

SIXTH DISTRICT

COLUMBIANA—Roy C. Costello, President, East Liverpool; William J. Horger, Secretary, East Liverpool.

MAHONING—Andrew A. Detesco, President, Youngstown; Mrs. Mary B. Herald, Executive Secretary, 125 Commerce Street, Youngstown 3. 3rd Tuesday, monthly, except July and August.

PORTAGE—Rufus P. McCormick, President, Ravenna; Don P. VanDyke, Secretary, Kent. 3rd Tuesday, monthly.

STARK—Roy H. Clunk, President, Massillon; Mr. E. M. Sprunger, Executive Secretary, 405 Fourth Street, Canton 2. 2nd Thursday, monthly.

SUMMIT—Arthur Dobkin, President, Akron; Mr. Sidney H. Mountcastle, Executive Secretary, 437 Second National Building, Akron 8. 1st Tuesday, monthly, September through June.

TRUMBULL—Aubrey L. Sparks, President, Warren; Charles M. Stone, Secretary, Warren. 3rd Wednesday, monthly.

SEVENTH DISTRICT

BELMONT—David Danenberg, President, Bridgeport; Bertha M. Joseph, Secretary, Martins Ferry. 3rd Thursday, monthly.

CARROLL—Joseph D. Stires, President, Malvern; Samuel L. Weir, Secretary, Minerva. 1st Thursday, monthly.

COSHOCTON—Glenn W. Stelzner, President, Coshocton; Harold W. Lear, Secretary, Coshocton. 2nd Tuesday, monthly.

HARRISON—George E. Henderson, President, New Athens; Gerald E. Vorhies, Secretary, Scio. Meetings quarterly.

JEFFERSON—Carl F. Goll, President, Steubenville; Frances J. Shaffer, Secretary, Toronto. 3rd Tuesday, monthly.

MONROE—Byron Gillespie, Secretary, Woodsfield.

TUSCARAWAS—William C. Roche, President, Gnadenhutten; Arthur J. Stevenson, Secretary, New Philadelphia. 2nd Thursday, monthly.

EIGHTH DISTRICT

ATHENS—Don R. Johnson, President, Nelsonville; Charles R. Hoskins, Secretary, Athens. 2nd Tuesday, monthly.

FAIRFIELD—Fred Spangler, President, Lancaster; Arthur B. VanGundy, Secretary, Lancaster. 2nd Tuesday, monthly.

GUERNSEY—Howard D. Miller, President, Cambridge; Thomas D. Swan, Secretary, Cambridge. 1st Thursday, monthly.

LICKING—John E. Hendricks, President, Newark; William J. Kennedy, Secretary, Newark. Last Tuesday, monthly.

MORGAN—A. H. Whitacre, President, Chesterhill; C. E. Northrup, Secretary, McConnelsville. Called Meetings.

MUSKINGUM—Louis P. Cassady, President, East Fultonham; William A. Knapp, Secretary, Zanesville. 1st Tuesday, monthly.

NOBLE—Norman S. Reed, President, Caldwell; E. G. Ditch, Secretary, Caldwell. 1st Tuesday, monthly.

PERRY—Joseph H. Clouse, President, Somerset; O. D. Ball, Secretary, New Lexington. Called meetings.

WASHINGTON—Richard R. Hille, President, Marietta; Roy M. Meredith, Secretary, Marietta. 2nd Wednesday, monthly.

NINTH DISTRICT

GALLIA—Ralph B. Burner, President, Gallipolis; George E. Files, Secretary, Gallipolis. Last Thursday, monthly.

HOCKING—Howard M. Boocks, President, Logan; Richard C. Jones, Secretary, Logan.

JACKSON—Louis J. Jindra, President, Oak Hill; Brinton J. Allison, Secretary, Oak Hill.

LAWRENCE—Harry Nenni, President, Ironton; George Newton Spears, Secretary, Ironton. 2nd Tuesday, monthly.

MEIGS—Joseph J. Davis, President, Middleport; Charles J. Mullen, Secretary, Pomeroy.

PIKE—Robert M. Andre, President, Waverly; Mack E. Moore, Secretary, Piketon. 1st Tuesday, monthly.

SCIOTO—Samuel L. Meltzer, President, Portsmouth; Carl H. Laestar, Secretary, Portsmouth. 1st Monday after the 1st Tuesday.

VINTON—Richard E. Bullock, President, McArthur; H. D. Chamberlain, Secretary, McArthur.

TENTH DISTRICT

DELAWARE—Mary K. Kuhn, President, Ashley; Edward C. Jenkins, Secretary, Delaware. 3rd Tuesday, monthly.

FAYETTE—Robert U. Anderson, President, Washington C. H.; Philip E. Binzel, Secretary, Washington C H. 2nd Tuesday, monthly.

FRANKLIN—Robert M. Inglis, President, Columbus; Mr. William Webb, Jr., Executive Secretary, 79 East State Street, Columbus 15. Meetings in January, April, June, November and December.

KNOX—James C. McLarnan, President, Mount Vernon; Clinton W. Trott, Secretary, Mount Vernon. Quarterly meetings.

MADISON—William T. Bacon, President, London; Paul G. H. Wolber, Secretary, London. 2nd Wednesday, monthly.

MORROW—Francis W. Kubbs, President, Mt. Gilead; Frank H. Sweeney, Secretary, Mt. Gilead. 1st Tuesday, monthly.

PICKAWAY—Frank R. Moore, President, Circleville; E. L. Montgomery, Secretary, Circleville. 1st Friday, monthly.

ROSS—Lewis W. Coppel, President, Chillicothe; William M. Garrett, Secretary, Chillicothe. 1st Thursday, monthly.

UNION—Paul Richard Zaugg, President, Marysville; May B. Zaugg, Secretary, Marysville. 2nd Tuesday, monthly.

ELEVENTH DISTRICT

ASHLAND—Harold V. Marley, President, Ashland; Myron A. Shilling, Secretary, Ashland. 1st Friday, monthly.

ERIE—William E. Birmingham, President, Sandusky; Edward Gillette, Secretary, Sandusky. Last Thursday, monthly.

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LORAIN—Ben V. Myers, President, Elyria; Lawrence C. Meredith, Secretary, Elyria; Mrs. Ruth Zealley, Executive Secretary, 311 Elyria Block, Elyria. 2nd Tuesday, monthly.

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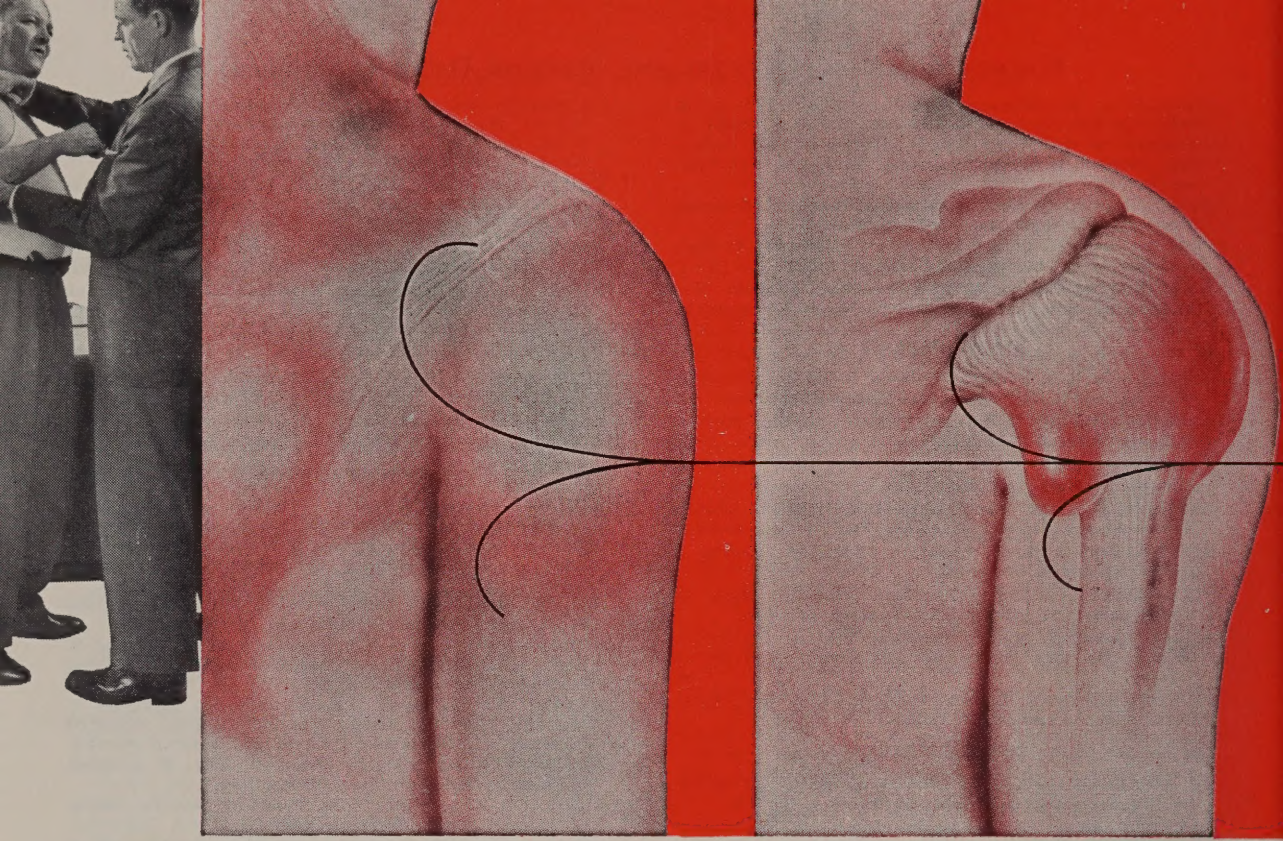

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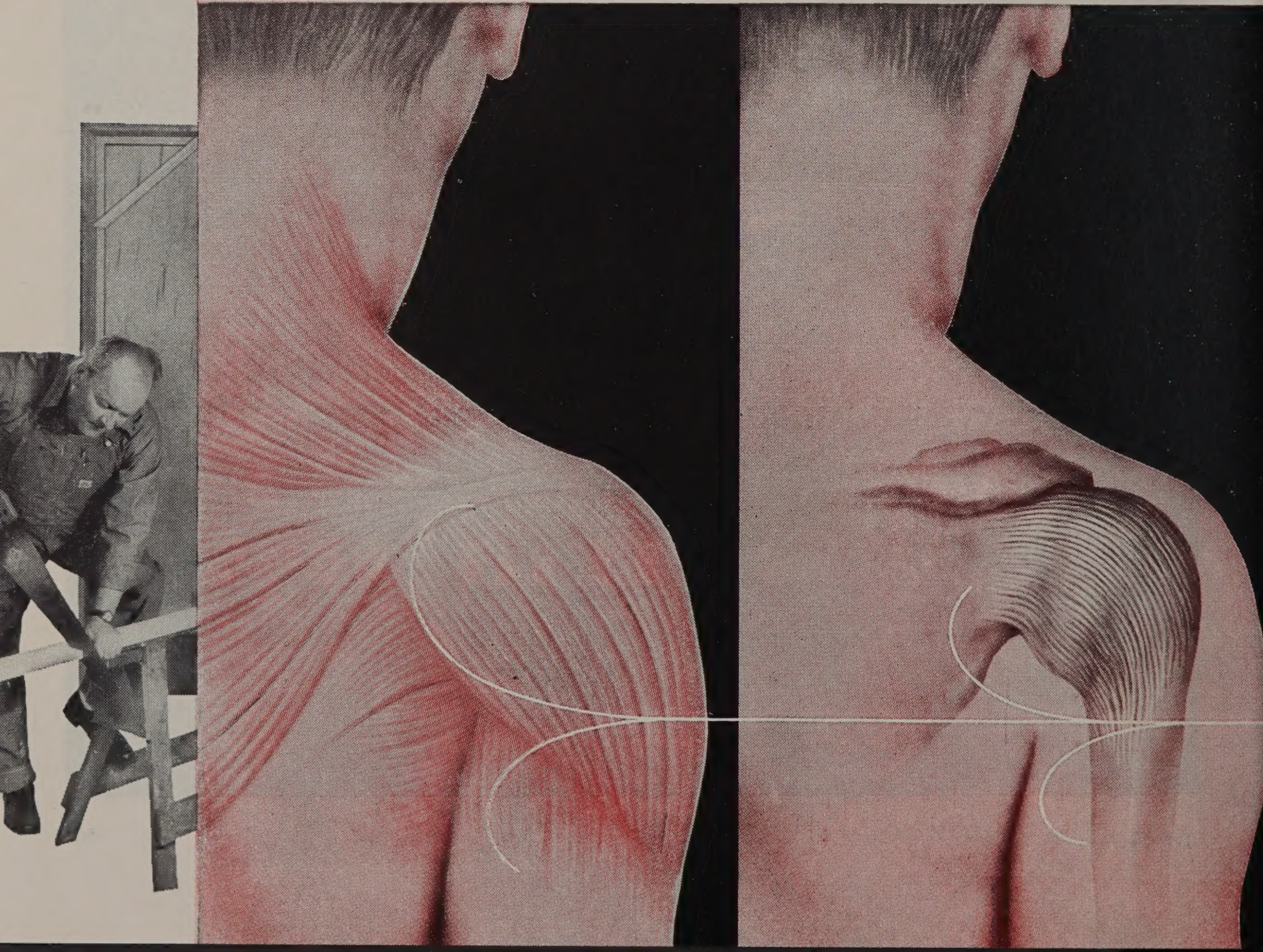

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1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).
2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

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The Physician's Bookshelf

By JONATHAN FORMAN, M. D.

The Fundamentals of Clinical Fluoroscopy, by Charles B. Storch, M. D. ($8.75, second edition, *Grune and Stratton, New York 16, N. Y.)* This volume gives the essentials of roentgen interpretations. In this new edition the author has expanded his text to include new methods and new facts about the subjects previously covered, plus entirely new sections on neoplastic diseases of the fundus, congenital heart disease, small bowel examinations, intestinal obstruction and fluoroscopy of the gallbladder and to all this he has added 100 additional illustrations. It is a practical and comprehensive manual fully illustrated and showing all that is needed to know about the basic diagnostic aspects of this tool.

Diseases of the Breast, by C. D. Haagensen, M. D. ($16.00, *W. B. Saunders Company, Philadelphia 5, Pa.)* This is a synthesis of what the author has learned at the Columbia Presbyterian Medical Center in New York City during the past 25 years of clinical work. When he came to the Department of Surgery there he had already acquired from Dr. Ewing and his associates at the old Memorial Hospital a deep interest in neoplastic diseases. With this background and the stimulating character of his environment at Columbia has come a wide and deep experience which has been brought into an integrated, composite picture in this excellent text.

How to Write Scientific and Technical Papers, by Sam F. Trelease. ($3.25, *The Williams & Wilkins Company, Baltimore 2, Maryland.)* The author apparently understands the problem of the beginner in scientific writing. From choosing the research problem to final proofing he all but takes you by the hand to help you over the stormy paths of composition. Every physician with the urge to write and report his work, and every physician should have this urge, will do well to have this book along with Dr. Hewitt's and Dr. Fishbein's at his elbow.

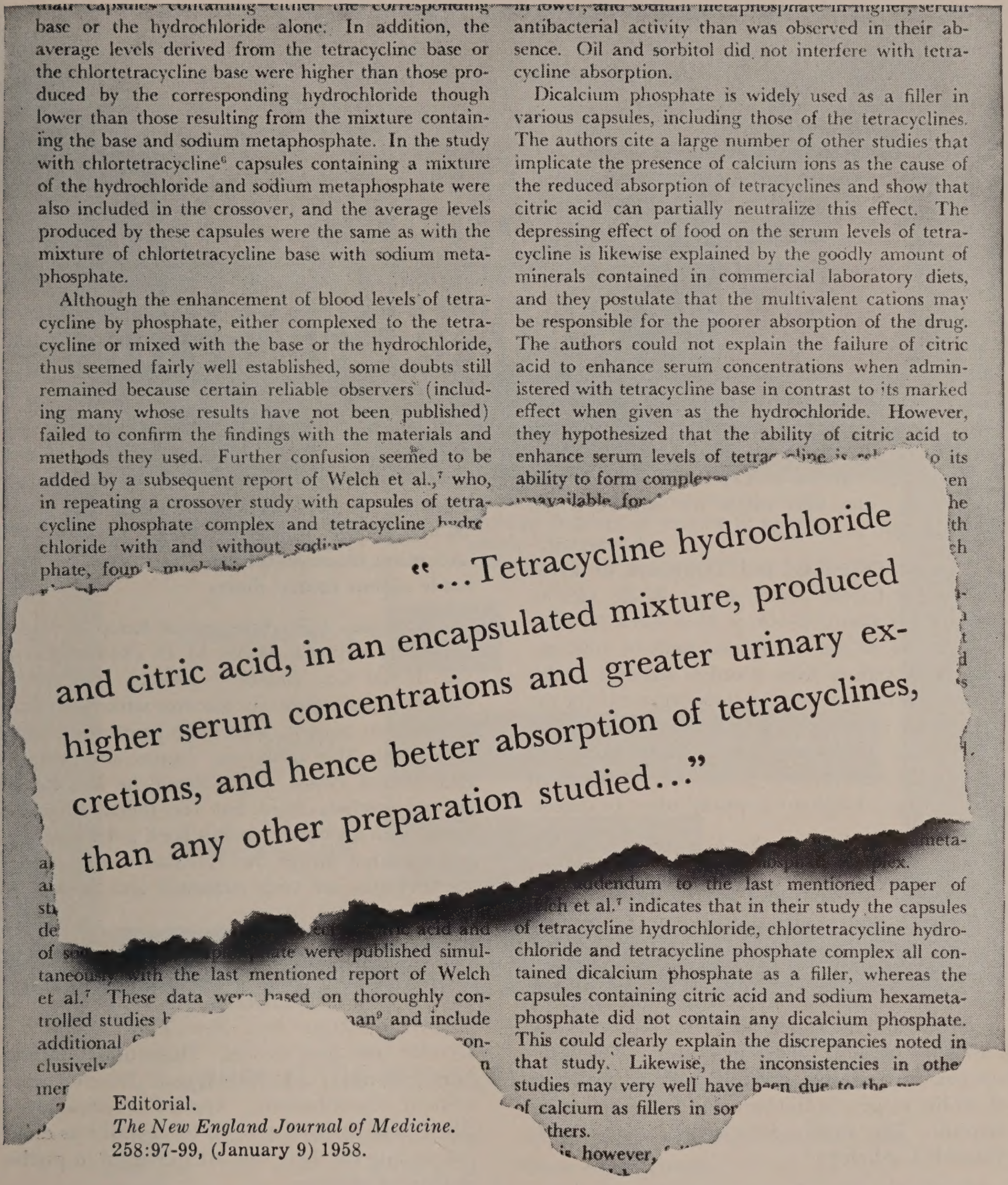
Symbols of Transformation, by C. G. Jung, ($5.00, Bollingen Series XX, by *Pantheon Books, 333 6th Ave., New York 14, N. Y.)* Volume V of the collected works of the author. This is an analysis of the prelude to a case of schizophrenia. In 1912, at the age of 37, the author published the original version of this work, which marked his divergence from the psychoanalytical school of Freud. In 1916 it was first published in England under a rather different title, **The Psychology of the Unconscious.** It has become Jung's most widely known and influential work. The author held it to be "an extended commentary on a practical analysis of the prodromal stages of schizophrenia."

The Clinical Management of Varicose Veins, by David W. Barrow, M. D. ($6.00, new second edition, *Hoeber-Harper Book Co., New York 16, New York.)* This has proved a very popular book in both the first and second editions. Now we have a revised second edition. With continued progress in the therapy of diseases of the veins, considerable revision of the text has been necessary even though the time has not been long since the second edition appeared. Diagnosis, treatment and after care of a varicose extremity are all given in an explicit fashion out of an extensive personal experience.

Men With Golden Hands—A Book of Surgical Miracles, by E. H. G. Lutz. ($3.75, *Appleton-Century-Crofts Co., Inc., New York 1, N. Y.)* This is the strange case of a little tailor with a needle lodged inside his heart; the case of a famous opera singer with pulmonary embolysm; the expectant mother; the blue baby; the overweight matron with an armor of fat around her heart; the political dictator with angina pectoris. The fate of all these rests in the surgeon's skill. Fifteen operations in all are covered. All of them are real and each one is a surgical miracle.

Surgeon in Black, by Owen M. Andrews. ($3.00, *Comet Books, New York 14, N. Y.)* This is a novel dealing with current situations and at the same time timeless as life itself. The story tells of an engineer from the Midwest and an African Negro doctor becoming very close friends. Their schooling, companionship, growth in ideals, and maturity to fine manhood make this a deeply satisfying story when integration is such a burning question. The author is a Methodist minister in the South, the son of a Confederate officer. His mother was the first woman south of the Mason-Dixon line to hold a medical degree and he himself is past chaplain of the Confederacy. This adds a great deal to the book.

Allergic Dermatoses Due to Physical Agents, edited by Rudolf L. Baer, M. D. ($3.00, *J. B. Lippincott Co., Philadelphia 5, Pa.)* Ever since W. W. Duke began to emphasize "physical allergy" there has been doubt in the minds of some



than capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline[6] capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,[7] who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydro- chloride with and without sodi- phate, foun

of s ate were published simultaneously with the last mentioned report of Welch et al.[7] These data wer based on thoroughly controlled studies b nan[9] and include additional con- clusively n mer

in lower, and sodium metaphosphate in higher, serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracyclines. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets, and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetrac o its ability to form comple en unavailable for he

meta- osphate complex.

addendum to the last mentioned paper of et al.[7] indicates that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexametaphosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in othe studies may very well have been due to the of calcium as fillers in sor thers. is, however,

"...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied..."

Editorial.
The New England Journal of Medicine.
258:97-99, (January 9) 1958.

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as to whether it was correct to classify these cases as instances of true allergy. Rudolf and five of his colleagues attempt in this thin volume to differentiate between allergic and nonallergic hypersensitivities to physical agents.

The allergist and the dermatologist and any physician who may be interested in hypersensitivity to light, heat, cold, and trauma will profit much by the book.

Classics in Arterial Hypertension, compiled by Arthur Ruskin, M. D. ($9.50, *C. C. Thomas, Springfield, Ill.)* This monograph, the first in a series of American Lectures in Classics in Science and Medicine under the editorship of Wiktor Nowinski is dedicated to Chauncey Leake of the Ohio State University. It presents 350 pages of the most fascinating reading, showing us where we came from in our concepts and treatment of hypertension and thus where we may expect to find pay dirt in the future.

Practical Diagnosis and Treatment of Liver Disease, by Carroll Moton Leevy, M. D. ($8.50, [Hoeber] *Harper & Brothers, New York 16, New York.)* Out of the coordinated study of 1000 patients with various liver disorders comes a wealth of practical information carefully organized for the physician in clinical practice. It is a practical guide on how to correlate clinical, biochemical and hystological findings into a composite approach to liver disease. Emphasis is placed upon treatment.

Pediatric Cardiology, by Alexander S. Nadas, M. D. ($12.00, *W. B. Saunders Co., Philadelphia 5, Pa.)* It is intended as a handbook for the pediatrician, the family doctor and the medical student. The author intends to put proper emphasis upon clinical recognition and management of heart disease in children. It represents the author's experience and the experience of his fellows at the Children's Medical Center in Boston. The pediatrician, to meet the new and growing challenge of cardiac surgery in children, will find it extremely helpful. The author describes it as a "Do It Yourself Cardiology."

The Initial Management of Thoracic and Thoraco-Abdominal Trauma, by Lawrence M. Shefts, M. D. ($6.50, *C. C. Thomas Publisher, Springfield, Ill.)* In this work resuscitation is emphasized and penetrating and perforating wounds of the thorax and abdomen including injuries to the heart, the diaphragm and the esophagus. A special section of the book is concerned with the details of actual case reports, demonstrating both proper and improper management. The purpose of the text is to acquaint the general practitioner and those who are taking training in surgery with the essential facts concerning what is to be done to the patient when first seen after such injuries.

Horizons for Older People, by George Gleason. ($2.95, *The Macmillan Co., New York 11, New York.)* With the shift in population towards predominance of older people the need for adults to live a useful and productive life, especially in their old age, is a matter of growing concern to the entire community. Senior citizens have long been neglected until recent developments in the field of gerontology. Therefore, this book fills an urgent need today for some 14 million of us who are over 65 and many of whom must share their problems with us doctors as well as church leaders and social workers.

From Medicine Man to Freud: An Anthology Edited with Notes by Jan Ehrenwald, M. D. ($.50, *Dell Publishing Co., 261 E. Fifth Avenue, New York 16, N. Y.)* Sections are taken from Plato, Buddah, Frazer, Schweitzer, Freud, Jung, Sullivan and many other writers on the stories of man's battle against mental illness.

Nostalgia: A Psychoanalytical Study of Marcel Proust, by Milton L. Miller, M. D. ($4.00, *Houghton Mifflin Co., Boston 7, Mass.)* Of all the world's literary giants no one ever wrote with more insight into himself, with more painstaking attention to his own memories, dreams and fantasies than Marcel Proust. Like Freud, he investigated the unconscious mind but for literary purposes rather than scientific. In this book a distinguished psychoanalyst brings the Freudian theory to bear on Proustian art with interested and unexpected results.

The Psychoanalytic Study of the Child, Volume XI of this annual series, edited by a distinguished group of authorities. ($8.50, *International Universities Press, Inc., New York 11, N. Y.)* Divided into four sections: Theoretical Contributions; Normal and Pathological Developments; Clinical Contributions; Applied Psychoanalysis. These annuals have come to be regarded as essential reading for those who are interested in psychoanalysis of children.

Sun, Earth and Man, by George and Eunice Bischof. ($2.75, *Brace Harcourt and Co., New York 17, N. Y.)* This is an attempt to give us some understanding of the universe by telling us how our own earth came into being. The authors begin this stimulating account of man's relationship to the world and go on through from the beginning to the eventual evolution of man. The authors tell the story of man and his problems, the use of our resources presenting a tremendous challenge, raises the question of what is hid in the

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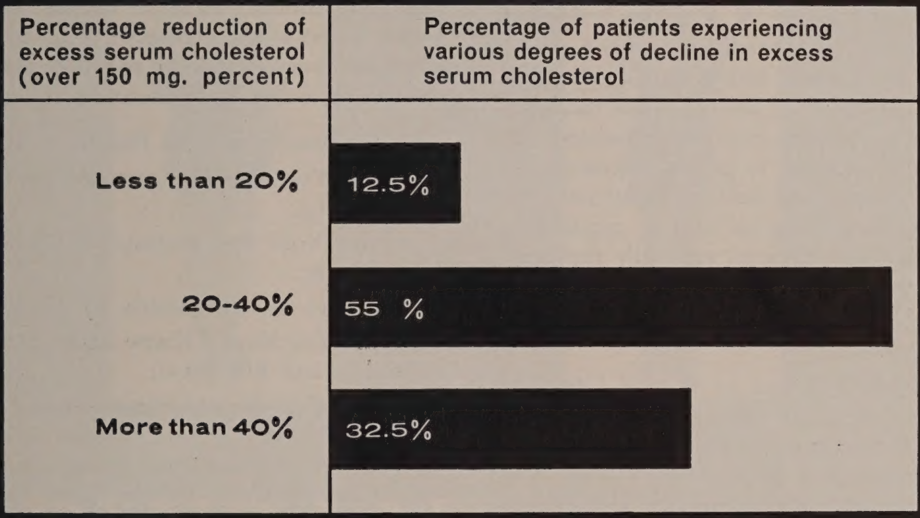

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Clinical Endodontics: A Manual of Scientific Endodontics, by R. F. Sommer, D. D. S., and F. C. Ostrander, D. D. S., and Mary C. Crowley, A. B. ($10.50, *W. B. Saunders Co., Philadelphia 5, Pennsylvania.)* This contribution from the School of Dentistry at the University of Michigan is designed to serve as a visual aid in teaching and a practical guide to reference on the subject of endodontics. This involves the integration of most of the basic sciences and makes of it a valuable text.

Diabetes Mellitus: A Handbook for Physicians, by Howard F. Root, M. D., and Priscilla White, M. D. ($7.00, Landsberger Medical Books, Inc., distributed by *Blakiston Division, McGraw-Hill Book Co., New York 36, N. Y.)* This is the fifth volume in the series of handbooks for the general practitioner on diabetes and it comes, of course, from the Joslin Clinic in Boston. In it the necessary details have been carefully presented, the relationship of diabetes to general medicine, including all of the special fields of obstetrics, pediatrics and surgery. A good deal of emphasis is placed on the complications, especially the heart, the kidney, the lung. Treatment by means of diet should be a constant aid to a man in general practice.

Homosexuality: Disease or Way of Life?—by Edmund Bergler, M. D. ($5.00, *Hill and Wang, Inc., 104 Fifth Avenue, New York 11, N. Y.)* This is a very frank book on a very serious social problem and is not intended for the idly curious. The author has been in private practice as a psychoanalyst in Vienna and New York and is well known for half a dozen other books which he has written, especially for his **Kinsey's Myth of Female Sexuality.**

Florida Nurse, by Ann Rush. ($2.50, *Bouregy and Curl, New York 22, N. Y.)* The heroine here, after graduating from nursing school lands her first job because she could speak Spanish. Her work was to be with migrant Puerto Rican workers in a vegetable growing section of south Florida. Naturally, she finds a friend in the overworked Dr. Barrows and then we have the customary suspense and the usual love story.

Youth in a Soundless World: A Search for Personality, by Edna S. Levine. ($5.00, *New York University Press, New York 3, N. Y.)* The author, a clinical pathologist, trained and experienced in the problems of deafness and its effect upon personality development finds in her scientifically controlled research a significant psychological configuration among the deaf. Though reticence and a lack of self-confidence may be considered normal characteristics for the deaf child on the basis of the level of our communication with him today, the author believes that these characteristics present a challenge and a concern to those interested in the effective life adjustment of the deaf.

Coronary Heart Disease: Angina Pectoris-Myocardial Infarction, by Milton Plotz, M. D. ($12.00, [Hoeber] *Harper & Brothers, New York 16, N. Y.)* Coronary artery disease is one of the major medical problems facing our generation. In recent years our concepts have undergone radical changes. No longer is coronary sclerosis regarded with hopelessness and resignation but rather as a condition susceptible to treatment, possibly prevention. Here is, for the first time in many years, a comprehensive organized guide to the present-day knowledge and management of this disease, its diagnosis, its treatment and its prognosis.

Your Heart is in Your Hands, by Arthur King;

What You Should Know About Cancer, by Arthur King;

How's Your Eye, prepared by The Better Vision Institute;

Guide to Mental Health, by Theodore Irwin;

What You Should Know About Skin Care, by Theodore and Rita Irwin;

What You Should Know About Sleep, by Theodore Irwin.

The foregoing are some of the pamphlets produced by the *Good Reading Rack Service, Inc., 76 Ninth Avenue, New York 11.* They are designed primarily for corporations to put on reading racks for their employees. They are therefore sold in bulk at a very low cost. The minimum order is for one dollar's worth, and the price is adjusted to suit the number ordered up to 35,000 or more copies.

Mental Health in Kansas: Community Action, by Margaret Cram. (Apply. *Governmental Research Center, University of Kansas, Lawrence, Kansas.)* This is Citizen's Pamphlet Series No. 20 put out from this research center and describes mental health problems as found in Kansas and a report on what is being done about it.

Dorland's Illustrated Medical Dictionary, prepared by a long list of contributors and consultants. ($12.50, Edition 23. *W. B. Saunders Co., Philadelphia 5, Pa.)* This edition of the well-known dictionary has been rechristened in honor of W. A. Newman Dorland who saw this book through 21 editions. It has been enlarged and

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improved. Its conversion has been increased by stiff covers. All that need be said is "there is a new Dorland."

New and Nonofficial Drugs, 1958, Evaluated by the AMA Council on Drugs. ($3.35, *J. B. Lippincott Company, Philadelphia 5, Pa.)* This valuable reference book—an annual publication, formerly **New and Nonofficial Remedies,** maintains its usual high standard.

A Psychiatric Glossary. ($1.00. *Mental Health Materials Center, 1790 Broadway, New York 19, New York.)* A list of the words and their meaning as used most frequently by psychiatrists. The booklet has been prepared by the committee on Publications of the American Psychiatric Association and is therefore official.

Clinical Laboratory Methods, by W. E. Bray, M. D. ($9.75, Fifth Edition. *C. V. Mosby, St. Louis 3, Mo.)* The previous editions have been well received for the author has succeeded in producing a synopsis for ready reference of the more recent information—brought together from many scattered sources.

Expectant Motherhood, by N. J. Eastman, M. D. ($1.75, 3rd Edition. *Little Brown & Co., Boston 6, Mass.)* The Professor of Obstetrics at Johns Hopkins Hospital has revised his reassuring guidebook for the pregnant woman.

Women Doctors of the World, by Esther Pohl, Lovejoy, M. D. ($5.95. *Macmillan Co., New York 11, N. Y.)* This book contains a wealth of information regarding the work of women in medicine.

The Deeds of Dr. Deadcert, by Joan Fleming. ($2.75. *Ives Washburn Inc., New York 3, N. Y.)* A swift moving, witty tale of mystery concerning the fashionable physician at an English seaside resort, three times a widower and beloved by his elderly patients.

Heredity and Your Life, by A. M. Winchester, Ph. D. ($5.00. *Vantage Press, New York 1, N. Y.)* This is an account of everyday human inheritance by the professor of Genetics at Stetson University, Deland, Florida. This is an informative book by an expert and offers a wealth of clearly presented data that will give the prognosis-conscious American reader background for the news as it appears in the press and as it affects his life.

The Importance of Overweight, by Hilda Bruch, M. D. ($5.95. *W. W. Norton Co., Inc., New York 3, N. Y.)* The author received her degree from Freiberg University, specialized in biochemistry and pediatrics and then after a year in London came to the United States and became associated with the Department of Pediatrics of Columbia University. She has done postgraduate work on a Rockefeller Foundation Fellowship in Psychiatry. She is now engaged in private practice although she is associate clinical professor of Psychiatry at Columbia. In addition to her work on obesity she has contributed to pediatrics, to psychosomatic medicine and to psychiatry. Her studies on obesity have made a profound influence on the approach to this problem. In this book she presents a comprehensive and very readable discussion of the medical, biological, sociological and emotional factors involved with obesity, based on her experience of the past 20 years.

The Magic of Balanced Living: A Man's Key to Health, Well-Being and Peace of Mind, by John Tebbel, with an introduction by Alvin C. Drummond, M. D. ($3.50. *Harper and Brothers Books, New York 16, N. Y.)* As Dr. Drummond, the famous urologist says in his introduction, the casual reader will profit by this book. The author has a straight-forward approach to an often hackneyed subject. Gives the reader intelligent and well balanced information as to how medicine is helping all of us to live healthier lives, both physically and mentally. The book is written in the modern tone in terms of the total personality of man. It is much above the currently popular books on adaptation to living.

Feel Like a Million, by Catharyn Ellwood. ($3.95. *Devin-Adair Co., 23 E. 26th St. New York 10, N. Y.)* The book tells in an inspirational way how proper nutrition can revolutionize your lives. The author is a popular lecturer on nutrition. This can be a useful book and the author can be forgiven the use of the huckster's technique in selling total nutrition. Dr. Coda Martin points out in his introduction "in order to participate in this new concept of total nutrition it is necessary to have a source of sound and factual information on the subject. This book by Catharyn Ellwood who is qualified and an experienced teacher and lecturer on nutrition will serve as a guide in the choice of foods that contain optimal amounts of the essential nutrient factors."

An Outline of Bacteriology and Immunity, by Ronald Hare. ($7.00. *Longmans, Green and Co., New York 3, N. Y.)* This is for the most part a text based on a course of lectures given to the medical students at St. Thomas' Hospital in London by the professor of bacteriology of the University of London, and represents a very concise text well worth reading if one is reviewing and trying to bring oneself up to date in bacteriology and immunology.

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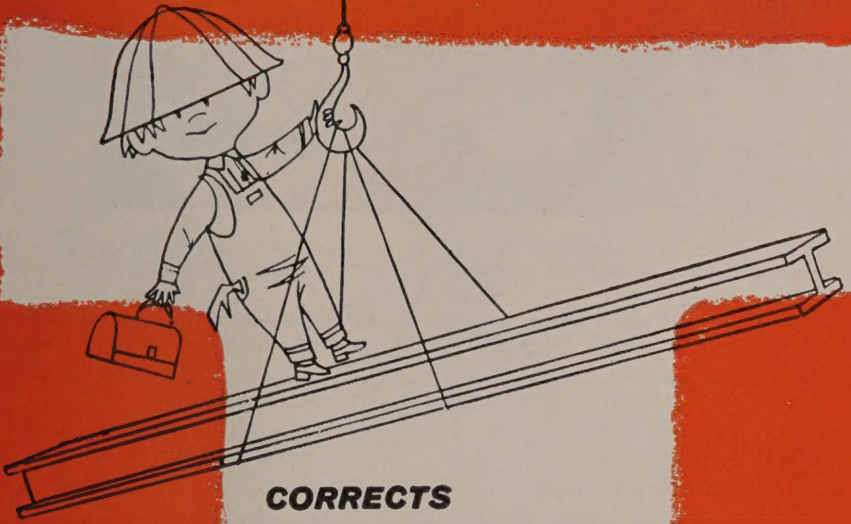

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Supplies essential Iron as ferric pyrophosphate, highly stable, well-tolerated, readily absorbed; essential vitamins B_1, B_6 and B_{12}, established as appetite stimulants; essential l-Lysine for greater protein economy in the pediatric diet.

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FORMULA: Each teaspoonful (5 cc.) contains:

l-Lysine HCl	300 mg.
Ferric Pyrophosphate (Soluble)	250 mg.
Iron (as Ferric Pyrophosphate)	30 mg.
Vitamin B_{12} Crystalline	25 mcgm.
Thiamine Mononitrate (B_1)	10 mg.
Pyridoxine HCl (B_6)	5 mg.
Alcohol	0.75%

Average dosage is 1 teaspoonful daily.
Available in bottles of 4 fl. oz.

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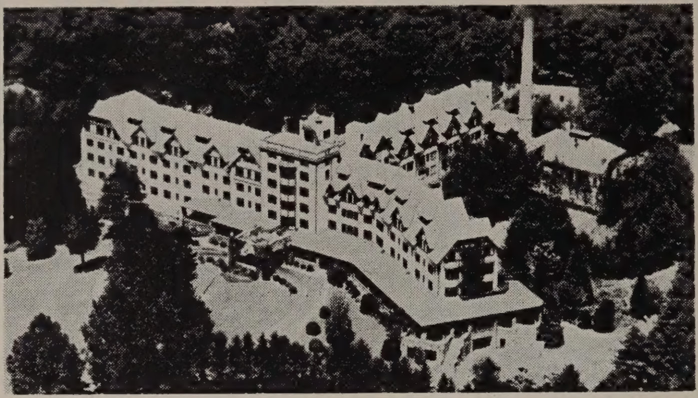

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Insulin coma, electroshock, psychotherapy, occupational and recreational therapy are employed. The hospital is equipped with complete laboratory facilities, including electroencephalography and x-ray.

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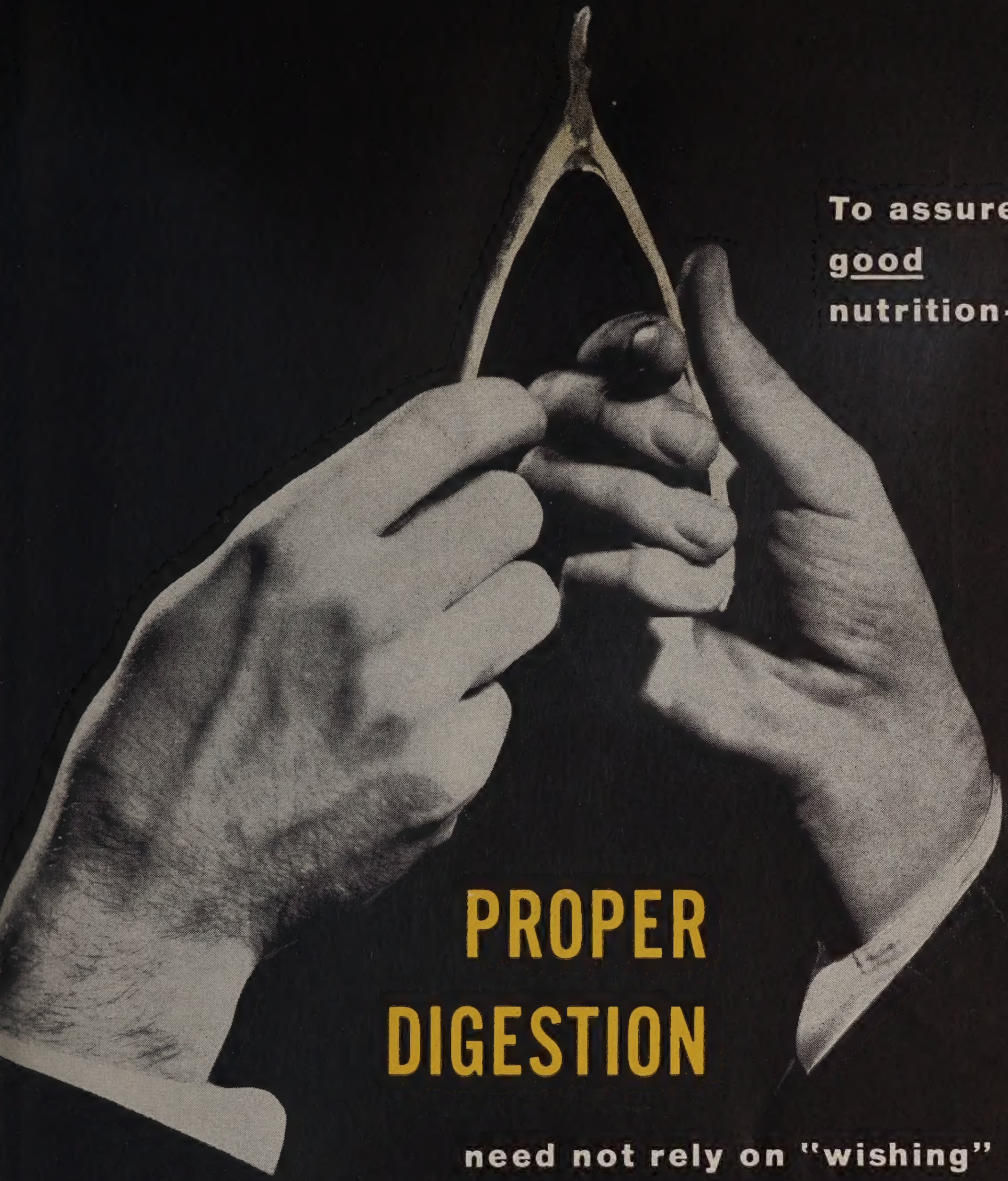

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Pepsin, N.F. —released in the stomach from gastric-soluble outer coating of tablet.	250 mg.
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As a comprehensive supplement to deficient natural secretion of digestive enzymes, particularly in older patients, ENTOZYME effectively improves nutrition by bridging the gap between adequate ingestion and proper digestion. Among patients of all ages, it has proved helpful in chronic cholecystitis, post-cholecystectomy syndrome, subtotal gastrectomy, pancreatitis, dyspepsia, food intolerance, flatulence, nausea and chronic nutritional disturbances.

For comprehensive digestive enzyme replacement—

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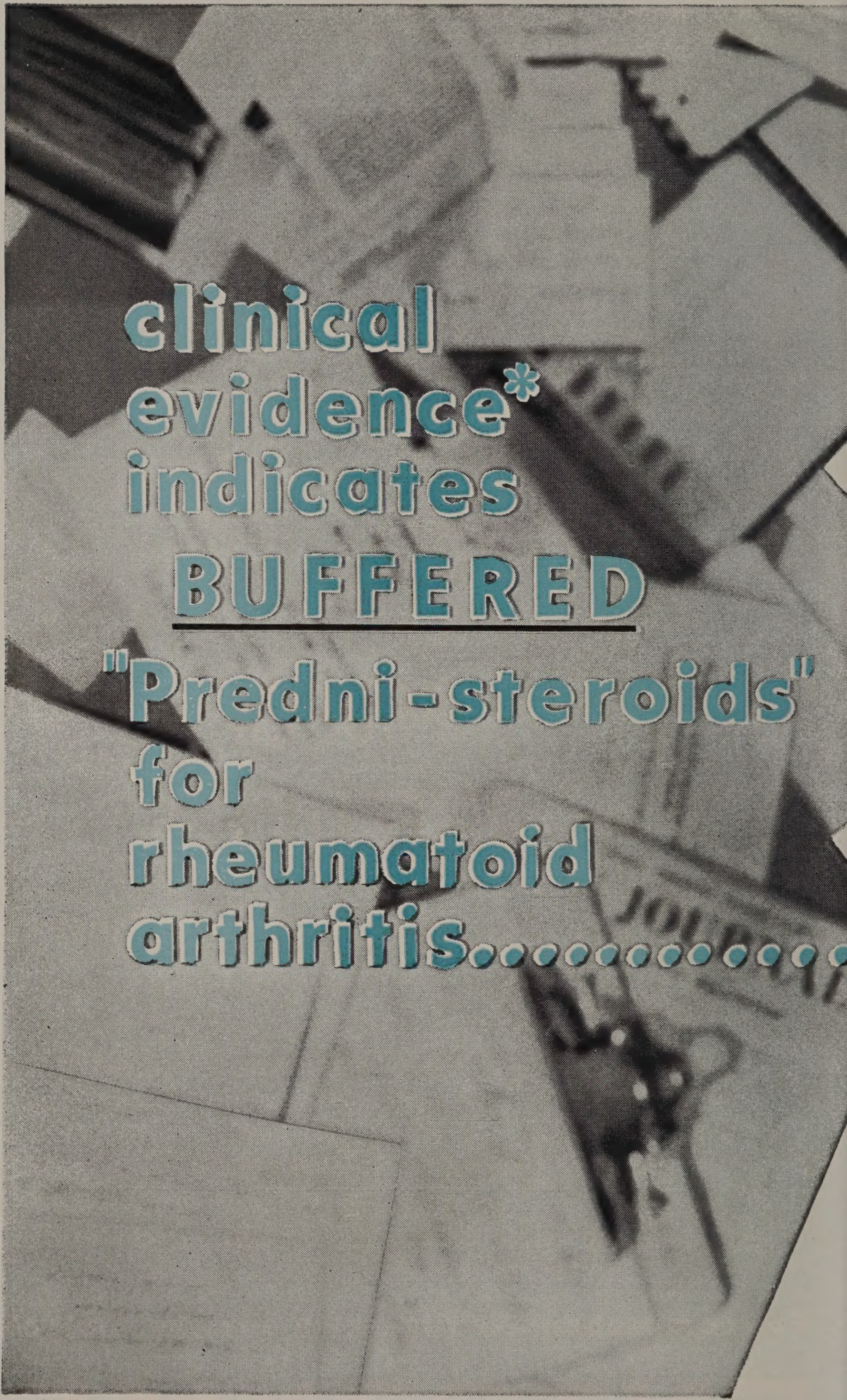
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evidence*
indicates
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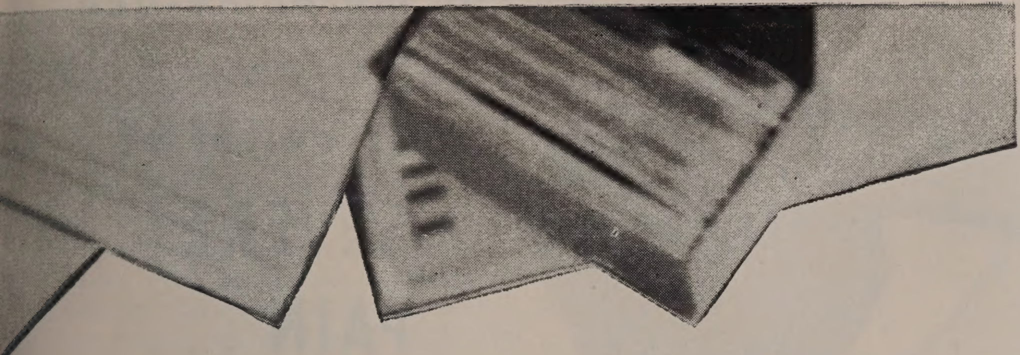
for
rheumatoid
arthritis.............



Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem — well documented in a growing body of literature.

'In view of the beneficial re-
uses observed when antacids
bland diets were used concom-
tly with prednisone and predni-
ne, we feel that these measures
ıld be employed prophylacti-
y to offset any gastrointestinal
effects."—Dordick, J. R. *et al.*:
. State J. Med. 57:2049 (June
1957.

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: J. Kentucky State M. A. 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: J. A. M. A. 158:459 (June 11) 1955.

One way to make sure that patients receive full benefits of "predni-steroid" therapy plus positive protection against gastric distress is by prescribing CO-DELTRA or CO-HYDELTRA.

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PREDNISONE BUFFERED

provide all the benefits of "Predni-steroid" therapy— plus positive antacid protection against gastric distress

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2.5 mg. or 5.0 mg. of prednisone or prednisolone, plus 300 mg. of dried aluminum hydroxide gel and 50 mg. magnesium trisilicate, in bottles of 30, 100, 500.

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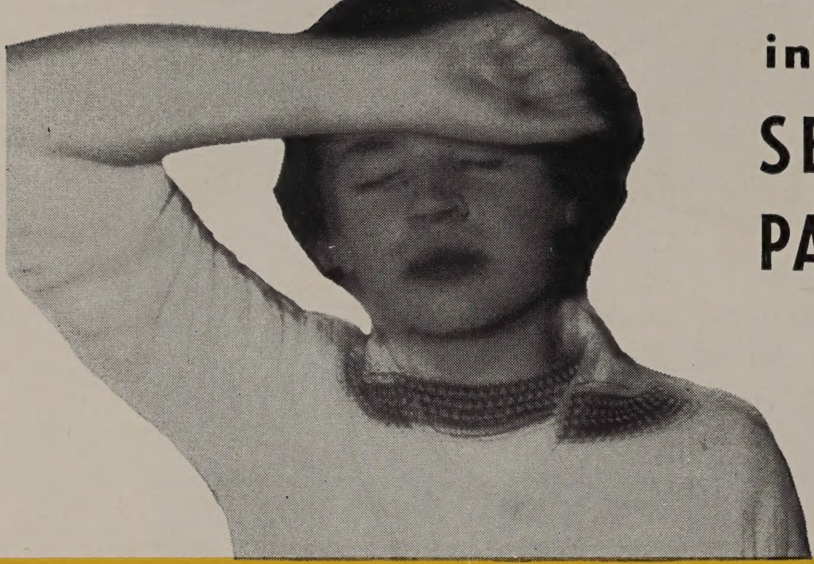
For *morphine-like* action in relief of SEVERE PAIN . . .



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NON-NARCOTIC ANALGESIC-ANTIPYRETIC

Dramatically effective in relieving pain and fever, NARTATE "approaches the ideal analgesic for office use."* Its action is prompt and prolonged, it does not produce sedation or narcosis, and it is not habit forming. It is well-tolerated and economical for long-term medication.

INDICATIONS:

Arthritic and rheumatic pain, carditis, herpes zoster, postoperative pain, angina pectoris, coronary thrombosis, renal and biliary colic, traumatic pain, bursitis, backache, and headache of varied etiology. CAUTION: Should not be used in presence of anemia.

DOSAGE:

PARENTERAL — for rapid relief, 5 cc. intravenously.
ORAL — 1 tablet t.i.d. or q.i.d.

SUPPLIED:

VIALS, 10 cc. and 30 cc. TABLETS, bottles of 100 and 1000.

*Joseph, Morris: Effective Analgesia Without Sedation or Narcosis, Clinical Medicine, August 1957.

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Washington Roundup . . .

News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

Census Bureau survey recently completed shows 48.5 million Americans under age 40 have not received polio shots; 42.5 million have received three shots. Public Health Service advisory group has come up with a statement that fourth polio shot is unnecessary; final decision left to physician.

* * *

Veterans Administration has established a new division in its department of medicine and surgery to coordinate about 2,000 current VA studies of disorders of the aged, and to survey possibilities for new research in retarding physical and mental deterioration.

* * *

Evidence "that could point the way toward development of a vaccine for treatment of some types of cancer" by triggering a natural defense mechanism of the body has been reported by VA researchers, who now are looking for a way to activate this mechanism to the extent that it would destroy some types of malignant growth.

* * *

Public Health Service is working on a "progressive care" program for hospitals, a new concept for patient care having five types of programs patterned to meet the needs of the individual patient as he progresses in his illness: intensive care, intermediate care, self care, long-term and home care.

* * *

Health, Education and Welfare Director Folsom has reported that private major medical insurance coverage has increased almost 20 times in five years—from 700,000 persons in 1952 to an estimated 13 million.

* * *

Aero Medical Association has called on the Civil Aeronautics Administration to strengthen its medical department and provide the department with funds adequate for its responsibilities, which include research and supervision of fliers' periodic physical examinations.

* * *

Washington conference of National Committee on Aging (Voluntary, non-official organiaztion) brought out the following: any social security changes should await report of a committee studying the program (Folsom); "Five to 10 billion dollars more per year should be spent on older people" (Wilbur Cohen, former Oscar Ewing aide); "I am old-fashioned enough to think most of us can take care of our own needs (in old age) if we know the methods" (New York State Senator Metcalfe).

* * *

Six American women medical scientists chosen for a month tour of Russian medical institutions include Dr. Esther C. Marting, radiologist, University of Cincinnati College of Medicine and past-president of the American Women's Medical Association.

* * *

Atomic Energy Commission has awarded 40 continuation and six new contracts for investigations into the life sciences. Western Reserve University, one of two institutions to receive six-figure awards, got a $201,791 contract; University of Utah, $271,753.

* * *

Northern parts of Ohio are to be served by new Food and Drug Administration district office and laboratory to be opened in Detroit next fall. It also will serve Michigan and parts of Indiana. Total area includes 15 million population now handled by FDA offices in Cincinnati and Chicago. Staff of 67 is to include 20 scientists and 28 inspectors.

* * *

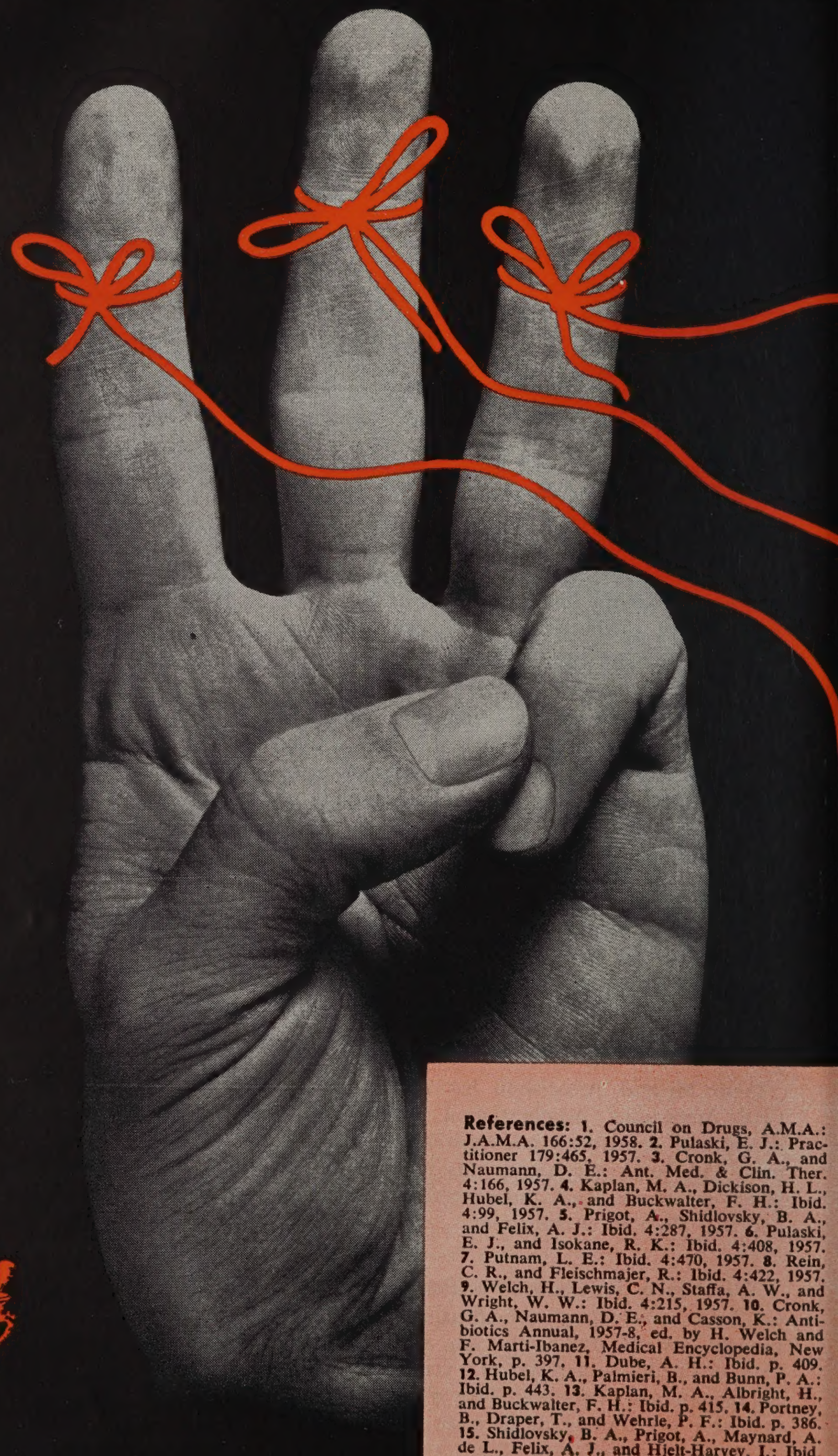
American medical care is a part of the nation's display at the World's Fair in Brussels, with the $1-million investment in medical displays expected to provide effective counter-propaganda to the more than 1,000 public health displays in the Russian pavilion.

Placement Aid Leaflet Available to Doctors

A new throw-away leaflet—"Look Before You Leap"—is being produced by the AMA's Physicians Placement Service as a check list for physicians seeking a location. Since many physicians still apparently are not aware of the placement services available to them through their state medical associations and the American Medical Association, this leaflet will be distributed in adequate supplies to state societies, hospitals and medical schools.

Vhen tetracycline therapy is indicated–

3 INDISPUTABLE POINT



References: **1.** Council on Drugs, A.M.A.: J.A.M.A. 166:52, 1958. **2.** Pulaski, E. J.: Practitioner 179:465, 1957. **3.** Cronk, G. A., and Naumann, D. E.: Ant. Med. & Clin. Ther. 4:166, 1957. **4.** Kaplan, M. A., Dickison, H. L., Hubel, K. A., and Buckwalter, F. H.: Ibid. 4:99, 1957. **5.** Prigot, A., Shidlovsky, B. A., and Felix, A. J.: Ibid. 4:287, 1957. **6.** Pulaski, E. J., and Isokane, R. K.: Ibid. 4:408, 1957. **7.** Putnam, L. E.: Ibid. 4:470, 1957. **8.** Rein, C. R., and Fleischmajer, R.: Ibid. 4:422, 1957. **9.** Welch, H., Lewis, C. N., Staffa, A. W., and Wright, W. W.: Ibid. 4:215, 1957. **10.** Cronk, G. A., Naumann, D. E., and Casson, K.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Marti-Ibanez, Medical Encyclopedia, New York, p. 397. **11.** Dube, A. H.: Ibid. p. 409. **12.** Hubel, K. A., Palmieri, B., and Bunn, P. A.: Ibid. p. 443. **13.** Kaplan, M. A., Albright, H., and Buckwalter, F. H.: Ibid. p. 415. **14.** Portney, B., Draper, T., and Wehrle, P. F.: Ibid. p. 386. **15.** Shidlovsky, B. A., Prigot, A., Maynard, A. de L., Felix, A. J., and Hjelt-Harvey, I.: Ibid. p. 459.

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O REMEMBER ABOUT

Tetrex®

THE ORIGINAL TETRACYCLINE PHOSPHATE COMPLEX
U.S. PAT. NO. 2,791,609

1 Tetrex requires no "activating additive"

– it is purely tetracycline phosphate complex, with an inherent, chemically unique property of being rapidly and efficiently absorbed.

Each Tetrex Capsule contains:

Active ingredient: TETRACYCLINE PHOSPHATE COMPLEX, 250 mg. (tetracycline HCl activity)
Excipient: Lactose q.s.

2 Tetrex produces "peak high" tetracycline serum levels

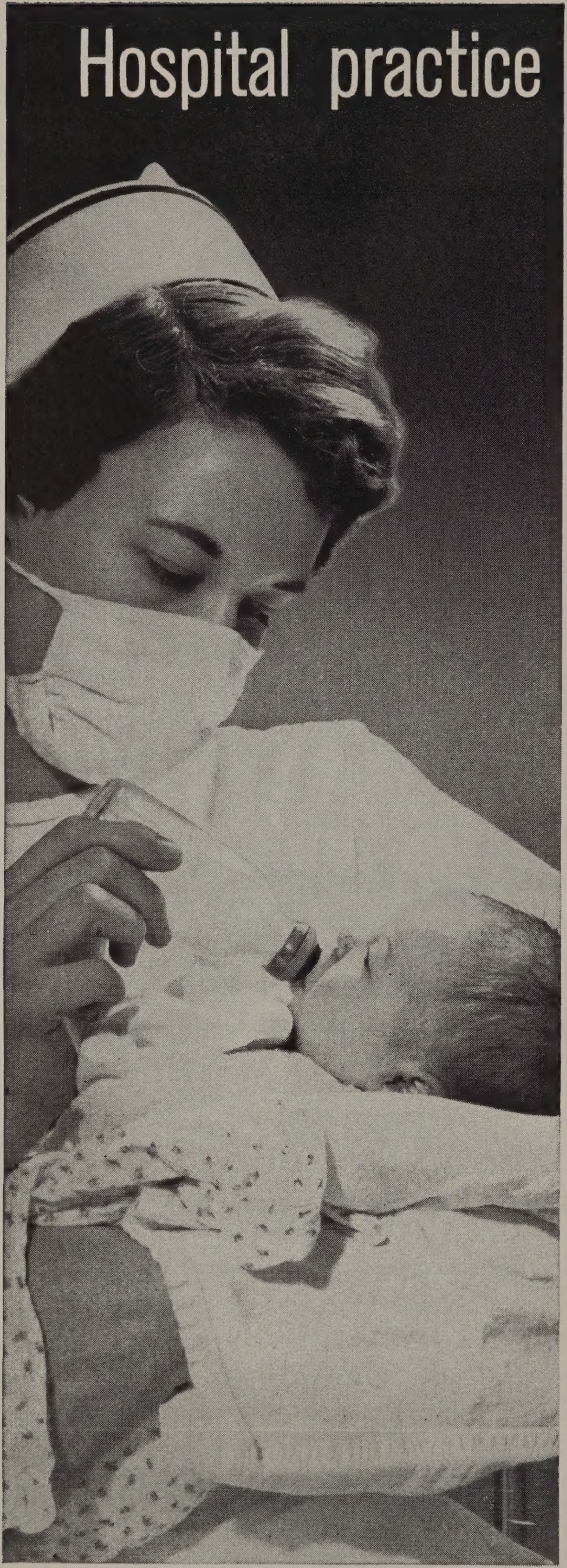
– over 5000 human blood determinations after oral or intramuscular administration have consistently demonstrated fast, high, prolonged serum levels in patients of all ages.[3,5,6,7,8,9,10,11,12,13,14,15]

3 Tetrex has an impressive documented record of clinical effectiveness

– more than 170 million doses of tetracycline phosphate complex in 1957, with 5 published clinical reports by 9 investigators on 826 patients.[3,5,7,8,10] *Clinical evaluation:* "should probably be considered an improvement over, and an ultimate replacement for, the older tetracycline hydrochloride."[10]

BRISTOL LABORATORIES INC., Syracuse, New York

Hospital practice of infant feeding



Standard formulas for WELL INFANTS

Since age, appetite and digestive capacity vary, hospital practice favors an individualized formula for each infant.

The total daily feeding usually amounts to 2 ounces of milk *per pound of body weight*, plus 1 ounce of Karo Syrup with enough water to satisfy fluid requirements.

The newborn usually takes from 2 to 3 ounces of formula per feeding; the very young infant, 4 to 5 ounces—the daily quota yielding over 50 calories for each pound the infant weighs. The quantity per feeding should not exceed 8 ounces.

Newborns are fed at 3 to 4 hour intervals throughout the 24-hour period—the 2 or 3 A.M. feeding is discontinued after the neonatal period. In the third or fourth month the 10 or 12 P.M. feeding is discontinued, once the infant fails to awaken for the bottle. Standard but individualized formulas which constitute the hospital infant feeding regimen are shown here.

WHOLE MILK FORMULAS

Age Months	Cow's Milk Fluid Oz.	Water Oz.	KARO Tbsp.	Each Feeding Oz.	Feedings in 24 Hrs.	Total Calories
Birth	10	10	2	3	6	320
1	12	13	2½	4	6	390
2	15	13	3	4½	6	480
3	17	9	3	5	5	520
4	20	11	3½	6	5	610
5	23	11	4	6½	5	700
6	26	10	4	7	5	760

EVAPORATED MILK FORMULAS

Age Months	Evap. Milk Fluid Oz.	Water Oz.	KARO Tbsp.	Each Feeding Oz.	Feedings in 24 Hrs.	Total Calories
Birth	6	12	2	3	6	380
1	8	16	3	4	6	532
2	9	14	3	4½	5	576
3	10	15	3½	5	5	650
4	12	18	4	6	5	768
5	12	21	4	6½	5	768
6	13	22	4	7	5	768

ADVANTAGES OF KARO® IN INFANT FEEDING

Composition: Karo Syrup is a superior dextrin-maltose-dextrose mixture because the dextrins are nonfermentable and the maltose is rapidly transformed into dextrose which requires no digestion.

Concentration: Volume for volume Karo Syrup furnishes twice as many calories as similar milk modifiers in powdered form.

Purity: Karo Syrup is processed at sterilizing temperatures, sealed for complete hygienic protection and devoid of pathogenic organisms.

Low Cost: Karo Syrup costs 1/5 as much as expensive milk modifiers and is available at all food stores.

Free to Physicians—Book of Infant Feeding Formulas with convenient schedule pads. Write:

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48 TABLETS
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down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

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In Our Opinion:

Comments on Current Economic and Social Questions and Professional Problems; Suggestions Regarding Organized Activities

POLIO SHOTS—MANY NEED THEM; OSMA POLICY ON THIS REPEATED

In a recent bulletin stating that a fourth polio shot is not deemed necessary at this time, the United States Public Health Service pointed out that about 48.5 million Americans under 40—the group most susceptible to polio—have as yet not had a single dose of Salk vaccine. A warning was appended that serious outbreaks of polio may occur this summer unless vaccination is stepped up.

Thus, it behooves all County Medical Societies immediately to launch an educational campaign within its jurisdiction, designed to urge all under 40 who have not had three polio vaccine shots to visit their personal physician at once.

The recommended policy of the Ohio State Medical Association as to immunization programs was established by the House of Delegates at last year's Annual Meeting through the adoption of the following resolution:

> "WHEREAS, The Ohio State Medical Association is of the opinion that each county society should carry out immunization procedures that seem more effective for the area concerned, in the best interests of the community, and
>
> "WHEREAS, Personal health is the responsibility of each individual, and
>
> "WHEREAS, The state of emergency has ceased to exist, and
>
> "WHEREAS, Certain national organizations are entering more and more into the field of medicine and offering free medicines, vaccines, and attempting to set up nationally, immunization programs other than suitable for local community conditions.
>
> "THEREFORE, BE IT RESOLVED, That the Ohio State Medical Association oppose mass inoculation procedures, except in epidemics or emergencies or for indigent programs, and approve of these procedures in the private doctor's office or facilities directly under his control, and
>
> "BE IT FURTHER RESOLVED, That each county medical society re-affirm its continuing program of public education as to the value of immunization procedures relating to all diseases."

TABLOID NEWS TO BE PUBLISHED BY AMA

The American Medical Association has announced that it will soon publish a new, 16-page tabloid newspaper called *The AMA News* and that it will be distributed every two weeks to approximately 200,000 physicians.

In making the announcement, Dr. F. J. L. Blasingame, general manager of the AMA, said the paper "will bring to the attention of our members the multitude of projects and activities carried on by their association, as well as other nonscientific news of special interest to the medical profession."

The first issue of the tabloid newspaper is expected to be ready for distribution at the annual AMA convention in San Francisco, June 23-27.

This move by the AMA is designed to keep physicians better informed on social-economic-legislative matters, especially those of national importance or which may take place in other states.

The hope is, of course, that physicians will take the time to read the new tabloid. Frankly, some of the effort will be wasted unless some doctors do a more thorough job of reading it than they do other medical publications, many of which include essential news and reports which every doctor should know about.

Here's wishing the new AMA tabloid the best of luck. When you start getting it, for gosh sake, read it.

CHANCE TO HELP SOLVE WORLD-WIDE MEDICAL PROBLEMS

Every physician recognizes the constantly growing importance of his county, state and national medical societies—the three great "estates" of organized medicine in America.

Now medicine has added a "fourth estate," The World Medical Association, which, though it was founded only a little more than 10 years ago, has already earned for itself world-wide recognition as "the international voice of organized medicine."

Our American Medical Association is one of the 53 national medical associations which comprise the membership of The World Medical Association. Within the United States, some 5,500 American physicians have formed a supporting committee, known as the United States Committee of The World Medical Association. President of the U. S. Committee is Dr. Austin Smith, Editor of the *Journal AMA,* and its Secretary-Treasurer is Dr. Louis H. Bauer, who has also served as Secretary General of The World Medical Association since its founding in 1947.

The purposes of the U. S. Committee are those of W. M. A. itself: to work for the highest standards of medical care in all parts of the world; to defend and preserve the freedoms that are essential to good medical practice; to provide a forum

And it is, oh, such fun!
And I am sure that we shall rue
The time when we are both
too old to play
The game of "Booh"!
—EUGENE FIELD

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You can specify PABLUM BRAND ® with confidence

Pablum Oatmeal is rich in Vitamin B that reduces irritability while furthering growth and repair. Natural vitamin and mineral content of oats is fortified in Pablum Oatmeal. Babies love the taste and smooth texture, too. For variety, baby can find his favorites among all five Pablum Cereals . . .

the baby cereals made to pharmaceutical standards of quality—especially processed for extra smoothness and lasting freshness.

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for the solution of problems common to physicians the world over; and to promote world peace.

You have an opportunity to play your part in this vital cause by becoming a member of the U. S. Committee of W. M. A. Annual dues are $10.00. The Committee's headquarters are at 10 Columbus Circle, New York 19, New York.

VALUABLE CANCER MATERIAL AVAILABLE TO PHYSICIANS

How individual physicians can make use of the facilities of the Ohio Division, American Cancer Society, is described in a recent letter to physicians by Dr. William H. Flynn, Youngstown, chairman of professional activities for that organization.

Physicians should not hesitate to take advantage of what the society has to offer, including material on diagnosis and treatment, information which can be used in public talks on cancer, and many films and slides, both for physicians and the laity.

In addition, physicians are being sent "CA, A Bulletin of Cancer Progress" which is full of valuable data.

The cancer society, like some of the other voluntary health organizations, is a valuable resource depository for physicians. They and their patients will benefit by putting the information to work.

"IDENTIFICATION" IS FIRST PRINCIPLE WHEN WRITING GOVERNMENT AGENCY

Thanks to the nation's press, radio and TV, "mystery mail" flowing into Veterans Administration offices has been slashed 50 per cent, the VA reports.

One in 20 letters now requires some detective work to relate it to the veteran's claim. Only a few months ago, the figure was one in 10.

The agency said the nation's press, radio and TV can be credited for the improvement because of their repeated warnings in recent months that veterans should identify their claims more fully when writing to VA.

This is a good point to remember in writing to any government agency, or in advising your patient to write. With the VA, it's full name, address, date of birth and service serial number. With any government agency, where thousands of letters are processed daily, proper identification is all-important.

WANTED: MORE COUNTY SOCIETY SPEAKERS' BUREAUS

An item in the "Around Town" column of the *Youngstown Vindicator* should make welcome reading for the program chairmen of luncheon clubs and other civic organizations in that community. Here it is: "Clubs and groups in the district who want speakers on medical subjects can get qualified Mahoning County members by calling Dr. Edward Pichette, chairman of the society's speakers' bureau." With all the various clubs that are meeting in about every town, the problem of getting good speakers is becoming more and more of a problem, as anyone knows who has had that chore. And with the increasing interest of the public in medical and health topics, this enterprising offer of the Mahoning County Medical Society should have a lot of takers. Other societies please copy!

LAY PEOPLE WANT MORE NEWS FROM MEDICAL FRONT

Medical news enjoys an unusually high readership among lay people today. It used to be thought that people just wanted to be healthy and let it go at that.

Today, things are different. People not only want to know they are healthy but also what makes them healthy. They want to know about disease and disability, causes and cures.

In 1936, one of the nation's leading weekly magazines published just two medical articles. Compare this with 1956, when the same magazine published 36 medical articles.

In that year, the magazine devoted more lines to health and medical care than to steel making or automobiles—or even food. Those articles mentioned 72 different drugs 330 times, compared with no drugs mentioned in 1936.

Today, when a physician is invited to address a lay group, or when the local reporter asks for an interview, there can be little doubt that the invitation and the interview request are sincere.

Because the people want to know, the physician can perform a service for his profession and his community by accepting such opportunities with the same sincerity in which they are presented.

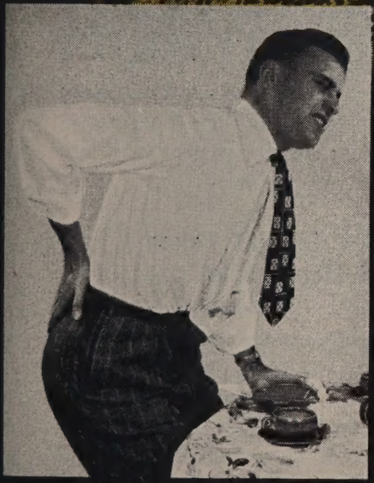
BOOKLET ON HEALTH OF HIGH SCHOOL ATHLETE AVAILABLE

Here's a suggestion for county medical society School Health Committees:

Get a supply of the new AMA booklet on "Protecting the Health of the High School Athlete," from the Bureau of Health Education of the AMA or from the School Health Committee of the Ohio State Medical Association.

Then see that copies get to school officials, coaches, parent-teacher groups and other interested organizations.

Finally, give the right kind of guidance and follow-up to local efforts to put the booklet's recommendations into effect.



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ROBAXIN—a completely new chemical formulation—provides sustained relaxation of skeletal muscle spasm, without impairment of muscle strength or normal neuromuscular function . . . and with essential freedom from adverse side effects. Beneficial in 94.4% of cases tested.

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You and Your Public . . .

Telling Patient Story of What Lies Behind His Fee Is Good PR Practice for Physician

THE story of all the considerations used to arrive at a fee is one that Ohio physicians might well consider telling their patients. While this requires some of the physician's time, it is well worth the effort because the patient is enlightened on all the aspects of his case instead of the relatively few self-evident considerations.

The value of this type of education, for it is education, is well developed in an article by James Cope, executive secretary of the Ohio Pharmaceutical Association, in the December issue of *The Ohio Pharmacist* as follows:

"A True Picture"

"Recently I was at the home of one of my college professors, and during our conversation we talked about pharmacy and the problems it faces today. The professor teaches political science and is very interested in associations and the way they represent their members on legislation, before administrative bodies of government, and in practically all other phases of their activity.

"During the course of the evening we talked of pharmacy's public relations in relation to the 'high' cost of medication, and I explained the various factors which go into the price of a prescription. I told him and his wife that a drug, like every other product, has its price set by many factors— maybe by more factors than any other product.

"I explained that manufacturers last year spent over one hundred million dollars on new product research—much of which went for drugs which never reached the production stage. I said a marketed drug represents many on which research was done, but which, for one reason or another, never reached the public. In addition to the research money, much valuable time was consumed on projects never completed.

Many Factors

"I told them a perfected and marketed product must pay for itself as well as for the other products which did not reach the market stage. I also explained that filling a prescription did not consist of merely counting out a few pills and putting a label on a bottle. I explained the pharmacists' devotion to accurateness, his liability, and the fact he must stock so many different items (many quite expensive) so he will have the exact one when it is needed. I further told them a pharmacist should expect some compensation beyond the ordinary merchant's mark-up, to compensate him for his training and professional service.

"I think during the course of the conversation I mentioned other factors which go into the price of a prescription as it is finally handed to the customer. I reminded them also of the amount they had paid recently for their new car, and the relation of that sum to amounts they had paid in previous years.

"After I had finished my 'argument' both of my listeners said, 'Well, I think at least some of your members are reading the information the association has been sending out on this, since what you have said is almost exactly what we were told recently by the pharmacist in our town!' They both further stated that they had never thought of any of the reasons which were explained to them by their pharmacist for the 'high' price of medication, and that both of them were appreciative of the time he took to educate them on the subject.

"When I left their home—after what had been a rather long but very pleasant discussion—I couldn't help but hope that all pharmacists throughout the state (and the nation) would take the important time to explain to the public—their customers—the true picture of pharmacy and its relation to the price the customer pays for his drugs as their pharmacist had done for them."

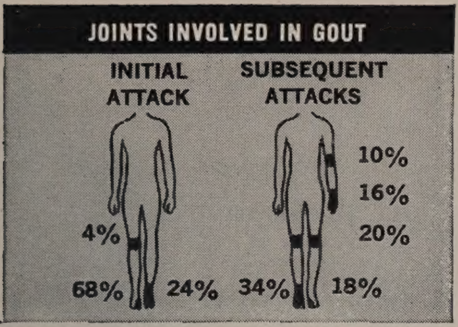
Just as the professor and his wife appreciated the "education" they received from their pharmacist, so it is entirely likely that the patient will appreciate the same from his physician.

Former AMA Official Takes "City of Hope" Post

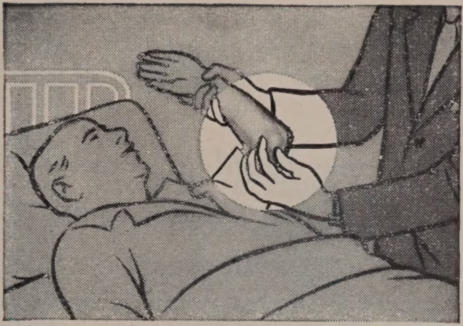
Dr. Paul L. Wermer, who formerly served as secretary of the AMA Committee on Research and the AMA Committee on Blood, has been appointed executive medical director of the City of Hope, a 300-bed specialized hospital at Duarte, Calif. The hospital, located on a 75-acre tract east of Los Angeles, has a research institute with about 60 scientists on its staff.

Since July 1955 Dr. Wermer has been serving as vice-president and medical director of Warner-Chilcott Laboratories, Morris Plains, N. J.

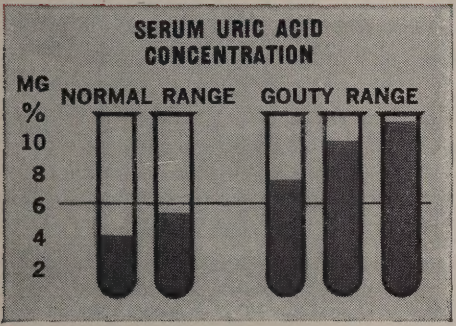
A map showing the location of Ohio's 11 district hospitals for the care and treatment of the mentally ill is available from the Department of Mental Hygiene and Correction.



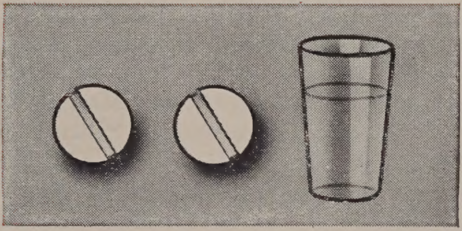
1. Recurrent joint pain followed by long periods of complete remission. *(Percentages refer to incidence.)*



2. Enlargement of bursae such as in this case involving the olecranon bursa.



3. Elevated serum uric acid levels.



4. Colchicine test: full dose (0.5 mg.) every 1 to 2 hours until pain is relieved or nausea, vomiting or diarrhea occur. The test requires usually 8 to 16 doses. Pain relief is highly indicative of gout.

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Once findings point to gout, long-term management can be started with BENEMID. This effective uricosuric agent has these unique benefits:

- Urinary excretion of uric acid is approximately doubled.
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- Fewer attacks and severity is reduced.

RECOMMENDED DOSAGE: 0.25 Gm. (½ tablet) twice daily for one week followed by 1 Gm. (2 tablets) daily in divided doses.

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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

Two Civil Defense Programs Are Scheduled in San Francisco

Two medical civil defense meetings will be held in San Francisco immediately preceding the American Medical Association's 107th Annual Meeting. On June 19-20, the 12th Naval District will sponsor a symposium on "Medical Problems of Modern Warfare and Civil Defense" at the U. S. Naval Radiological Defense Laboratory, and on June 21 the AMA's Council on National Defense will sponsor its 6th Annual National Medical Civil Defense Conference in the Sheraton-Palace Hotel. Dr. David B. Allman, AMA president, and Frank W. Barton, secretary, AMA Council on National Defense, will speak at the naval symposium on the plan and activities of organized medicine for medical preparedness in disasters or in the event of all-out war.

Dr. Gunnar Gundersen, AMA president-elect, will welcome participants to the AMA's civil defense meeting on June 21. The current federal civil defense program, including the national plan for mobilization of resources (personnel, facilities, supplies) will be outlined during the morning session by officials of federal governmental agencies involved. Also scheduled for the morning session will be a discussion of the threat and impact of newer weapons and delivery systems by an outstanding military planner, and a report on the legislative program now pending before congress for a national survival plan by the Hon. Chet Holifield, U. S. congressman, 19th district of California.

During the afternoon, the Surgeons-General of the Army, Navy, Air Force and Public Health Service will discuss the civil defense role and responsibilities of civilian physicians. Two other subjects to be covered include the radioactive fall-out problem and the feasibility of a national shelter program.

All physicians interested in civil defense planning are urged to attend these two worthwhile meetings.

Protecting the Health of the High School Athlete

Curbing the number of unnecessary high school sports injuries and deaths is a community challenge. Physicians can provide the needed local leadership by working with school officials, coaches association, parent-teacher groups and dental society to develop adequate school health and safety programs for sports participants. One practical method—discussed in a new American Medical Association pamphlet—calls for the sponsoring of high school sports injury conferences. Purpose of these conferences is to instruct coaches, athletic directors and team physicians on the early recognition of injuries, appropriate first aid measures and the prompt referral of injured players for medical or dental care. Entitled "Protecting the Health of the High School Athlete," the booklet was prepared under the auspices of the AMA's Committee on Injury in Sports. Further information and copies of the booklet may be secured from the AMA's Bureau of Health Education.

Doctors' Wives Plan June Convention

The call of the west will be heeded by physicians' wives as they travel to San Francisco in June for the 35th annual convention of the Woman's Auxiliary to the American Medical Association at the Fairmount Hotel. National committee meetings and round table discussions will be held June 21-23 with formal opening of the convention slated for Tuesday morning, June 24. An interesting and varied program is being arranged by co-chairmen Mrs. Matthew N. Hosmer, San Rafael, Calif., and Mrs. Samuel R. Sherman, San Francisco, Calif.

Prepare Exhibits for Public Showing to Groups

The AMA Bureau of Exhibits announces that a number of new exhibits will be ready for showings by local medical societies at fairs, home shows, school and similar public gatherings this spring and summer.

"You Can Reduce"—shows foods to fill up on and stay away from; gives visitor an opportunity to check his weight on the scales; presents answers to pertinent questions on reducing; pictures 25 different foods and the number of calories in the servings shown.

"Food and Nutrition Quackery"—developed in cooperation with U. S. Food and Drug Administration, Post Office Department's fraud division,

age: 40

insulin: 40

"Most likely candidate
for ORINASE"

now more than
250,000 diabetics enjoy
oral therapy ORINASE*

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and National Better Business Bureau to point up the major false claims made in the promotion of food products and nutrition ideas; exposes house-to-house peddlers of "food supplements," nutrition and health lecturers and so-called "experts;" displays various reducing aids on a roulette wheel; features special "buyer beware" section explaining how public can recognize food quacks and their claims.

"Breathing"—presents the anatomy of body's breathing system and air passages and location of lungs in the body; viewer can observe how lungs expand and contract and the movement of the rib cage.

"Glands"—shows the location and functions of various glands in the body; presents three-dimensional models of glands.

"Poisoning of Children"—demonstrates dangers of common household products and depicts those products that are leading causes of poisonings in children at home.

"Health Appraisal of the School Child"—highlights principal health appraisal procedures, such as teacher observation, screening procedures, dental and medical examinations and the follow-through.

Survey Referral Centers For Chronically Ill

A study of five information and referral centers for the chronically ill currently is being conducted by the AMA's Council on Medical Service. Located in Chicago, Cleveland, Milwaukee, San Francisco and Essex county, N. J., these centers operate as central clearing houses for information on existing facilities for the care of chronically ill in the community. Such centers usually maintain complete information on rates, eligibility, requirements and services offered by nursing and old-age homes, chronic institutions, social service agencies, rehabilitation facilities and other services, and often carry on research to evaluate unmet needs for care in the area.

The Council's report as to how these centers operate should be of interest to physicians concerned with chronically ill patients. Any information on similar centers in other communities will be welcomed by the Council.

Pamphlet Emphasizes Driver Fitness And Suggests Check-Up

Before taking the wheel, every driver should check to make sure that he's fit to drive. Under certain circumstances—outlined in a new AMA pamphlet—a driver can be a dangerous hazard on the road. "Are You Fit to Drive?" urges drivers to contact their physicians if they are in doubt about their fitness. Prepared by the AMA's Committee on Medical Aspects of Automobile Injuries and Deaths in cooperation with the Center for Safety Education at New York University, the booklet contains information about those conditions that can adversely affect driving skills—emotional upsets, driver attitudes, sleepiness, medicines, faulty vision, certain nerve and heart disorders, diabetes, old age and drinking.

For distribution through physicians' offices, the booklet currently is available from the Association of Casualty and Surety Companies, 60 John Street, New York 38, N. Y. Price is $4.60 per 100 copies, regardless of quantity.

Plan Meeting on Labeling of Chemicals And Prevention of Poisoning

As part of an over-all program to prevent poisonings and to increase public awareness of the hazards of certain chemical products, the AMA's Committee on Toxicology has drafted a broad model law requiring precautionary labeling of hazardous substances in commercial, household and industrial chemicals. The bill is intended as a model for uniform laws to require the declaration of hazardous ingredients and warning statements on the label and in the accompanying literature of chemical products.

The first of two or more conferences with representatives of health departments, regulatory agencies, medical societies and allied health organizations to discuss this and other tentative legislation will be held May 9 at AMA headquarters, Chicago.

Physical Impairment Report Available

Reprints of a report of the AMA Committee on Medical Rating of Physical Impairment which appeared in the March 1 issue of the *Journal of the AMA* currently are available from the Council on Medical Service. The article calls attention to the substantial increase in consultative examinations being purchased with federal funds by state agencies administering the Old-Age and Survivors Insurance Disability program, lists purposes for which consultative examinations may be authorized and contains a roster of state medical consultants and reviewing physicians as listed by the Bureau of Old-Age and Survivors Insurance.

Review of Films on File May Be Ordered Now

The ninth annual *"Reviews of Medical Motion Pictures,"* containing all film reviews published in the *Journal of the AMA* during 1957, now is available from the AMA's Film Library.

COMPREHENSIVE CONTROL OF CONSTIPATION

PROVIDES SOFT STOOLS GENTLY STIMULATED TO EVACUATION

DOXINATE® with DANTHRON (Doxan)

— the original dioctyl sodium sulfosuccinate fecal softener combined with danthron, the non-irritating, non-habit forming laxative —

Comprehensive control of constipation with Doxan . . .

★ prevents fecal dehydration and gently stimulates the lower colon in functional constipation

★ synergistically provides, with a subclinical dosage, peristaltic action on a soft, "normal" intestinal content rather than on the hardened mass typical of constipation

★ results in soft stools gently stimulated to evacuation . . . and restores normal bowel habits

Doxinate with Danthron (Doxan) is supplied as brown, capsule-shaped tablets containing 60 mg. dioctyl sodium sulfosuccinate and 50 mg. 1,8-dihydroxyanthraquinone.

Usual adult dose: One or two capsule tablets at bedtime. Bottles of 30 and 100.

When fecal softening alone is indicated— Doxinate 240 mg.—provides optimal once-a-day dosage for maintenance therapy.

Doxinate is a registered trademark of Lloyd Brothers, Inc.

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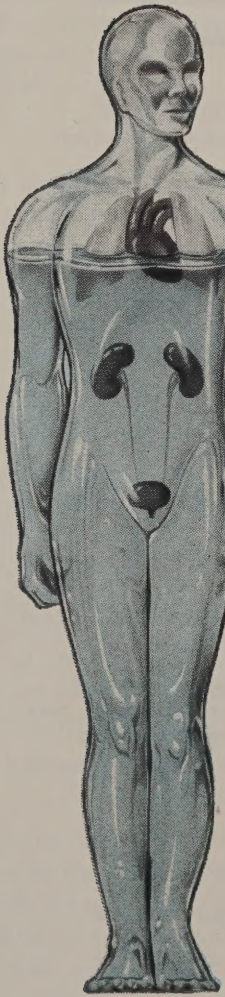

Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

BENEFITS:

- The only orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials.
- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
- Promotes balanced excretion of sodium and chloride—without acidosis.

Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

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HYPERTENSION

1 **INITIATE 'DIURIL' THERAPY**
'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 **ADJUST DOSAGE OF OTHER AGENTS**
The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

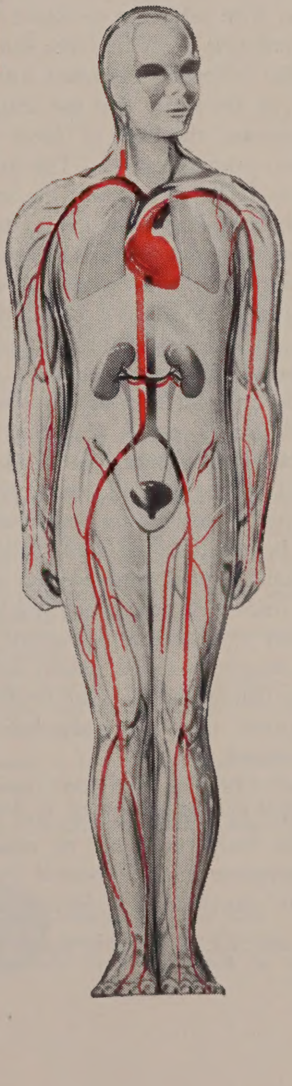
3 **ADJUST DOSAGE OF ALL MEDICATION**
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

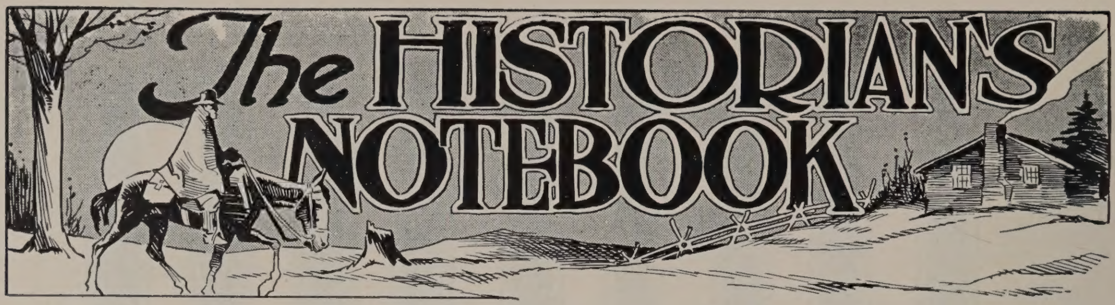
BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'





Dr. Frederick C. Waite's Correspondence With Reference to Grave Robbery*

LINDEN F. EDWARDS, Ph. D.

PART II

(Concluded from April Issue)

Popular Opposition to Dissection

IN replying to a letter of mine in which I outlined to him a manuscript I was working on with reference to Grave Robbing in Ohio, Dr. Frederick C. Waite very kindly furnished me with the following pertinent information: "I presume you are aware that the antipathy of the laity to dissection, the basis of furor at grave robbing, had two primary causes. The first and oldest was religion. The second was the supposed injury to a person's reputation by having his body dissected.

"The religious feature can be traced back to the religion of early Eygpt. It was believed that the entrance to heaven could not be secured if there was any part of the body missing. Therefore if a person had an appendage missing at death a crude artificial arm or leg was carved out and attached to the corpse. This even extended to carving a wooden substitute for a missing tooth, often covered with gold foil, and inserted after death. This 'perfection' of the body was mixed with another belief, that the soul returned periodically, occupied the body and walked abroad among familiar haunts. When a body was mummified it was necessary to eviscerate it, but the viscera were put into Canopic jars and placed beside the mummy case so that when the soul returned he could put his viscera into his body before he took his walk abroad.

"The Christian religion copied many things from the Egyptian religion and one of these was that the body could not be resurrected unless it was complete and all buried in one place. The catholic church took a definite stand against human dissection because it would prevent the resurrection of the body, since the 'perfection' of the body would be ruined by dissecting it. Therefore dissection was made a capital crime in the church bringing excommunication to any who did human dissection. In some places it was a capital civil crime bringing the death penalty. More often the capital civil crime applied to desecration of sepulchre, that is grave robbing.

The Author

● **Dr. Edwards, Columbus, is Professor of Anatomy, The Ohio State University College of Medicine.**

"Out of this evolved another procedure, Capital criminals were hung in chains and drawn (i.e. eviscerated) and quartered and the parts buried in different places which prevented resurrection according to current belief. After the drawing and quartering abated it was customary in sentencing a criminal to death, in case of heinous crimes, to add the additional sentence that his body should be dissected and thus he was denied resurrection. This dissection as an additional sentence prevailed in the American colonies.

"Another way to prevent resurrection was to drive a stake through the body after it was put in the grave, a method applied to witches and duelists. For suicides, resurrection was prevented by putting a huge pile of stones on the grave. Grave robbing was a capital crime in the colonies for a time directed against those who opened a grave to get parts of the body, such as a finger or an ear, to use in sorcery. Thus dissection came

---

*A paper read at the Fifth annual meeting of the Ohio Academy of Medical History, Cleveland, Ohio, April 26, 27, 1957.

there is one tranquilizer clearly indicated in peptic ulcer...

does not increase...

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*Tests in a series of 25 patients show that there is "a definite and distinct lowering [of both volume of secretions and of free hydrochloric acid] in the majority of patients. . . . No patients had shown any increase in gastric secretions following administration of the drug."[1]

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supplied: 10, 25 and 100 mg. tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

references: 1. Strub, I. H.: Personal communication. 2. Ayd, F. J., Jr.: presented at Ohio Assembly of General Practice, 7th Annual Scientific Assembly, Columbus, September 18-19, 1957.

New York 17, New York
Division, Chas. Pfizer & Co., Inc.

to be associated with grave crimes being imposed as an additional penalty and it was believed that anyone who had his body dissected was therefore branded as a grave criminal and his reputation after death deteriorated."

Some Personal Experiences

In his inimitable manner Dr. Waite then proceeds to enlighten me with some personal experiences related to grave robbing. He writes, "I was born and grew up in Hudson, Ohio. Our place of 20 acres surrounded the cemetery on three sides, so as a boy I had no fears of the cemetery. In June 1886 a prominent man died in Hudson. The people of that town feared grave robbing since we were only 26 miles from Cleveland where there were three medical colleges.

"The man who usually took the job of watching the graves for 10 days after burial was sick and I got the job watching this grave in June 1886. I did this for 10 nights with a shotgun across my knees and was paid $5.00 per night, which was a lot of money for me who was quite willing to hoe corn or work in the hayfield for 50c a day. This $50.00 permitted me to buy a lot of new clothes for my graduation from high school in that month. I now know that the family wasted their money because the medical colleges were not in session, and hot weather precluded grave robbing in the era before embalming. Grave robbing was restricted to the months when the weather was cool, from October to April.

"In 1888 an owner of a farm adjacent to one that we owned, and located 22 miles from Cleveland was about to sell his farm. It contained a family burying ground distant from the farmhouse and was surrounded by an iron fence containing seven tombstones and graves, all of adults. The dates were from 1860 to 1880. The owner wanted to remove the bodies from this private cemetery to the town cemetery before he sold his farm. My brother and I took the job of this removal.

"In five of the graves we found no bones. The only two that had bones were of those people who had died in summer months. This cemetery, 22 miles from Cleveland, was just within the limit of grave robbing for the medical colleges of that city. Rarely were graves robbed for medical colleges beyond 25 miles, which was about as far as a team could be driven in darkness and get back. This is an example of the fact that family cemeteries in the country were favorite sources of cadavers. The chief deterrent was barking dogs if the cemetery was near the farmhouse.

"In 1911 Dr. C. A. Hamann, our professor of anatomy, resigned after 17 years of teaching. I was appointed one of a committee of three to find a successor. Several names were suggested and I was appointed to visit the institutions where these men were teaching to get firsthand information. Among the institutions I visited was [omitted]. There I found that the cadavers used were all Negroes and came from Tennessee, where some men were employed to resurrect bodies, put them in oil barrels in formalin and ship them to the [omitted] Company which was the name under which the professor of anatomy posed. These cadavers cost about $50.00 each when received.

"Meanwhile, a half mile distant the bodies of all who died in the state hospital were buried in quicklime so that they could not be used for dissection. This shows the lack of correlation" [I'm sure he meant cooperation] "between different state institutions. If you use this in publication I think the name of the institution had better be omitted."

Competition for Cadavers

Here is another interesting story: "In 1879 the body of a prominent man who died in a village near Cleveland was removed from its grave. The demonstrators of anatomy at all three medical colleges were arrested and thrown into jail. They were released the next day on a fine of $5.00 each although it was not determined which one was guilty. This is authentic. It was told me by Dr. William T. Corlett, who died a year ago," (this letter was written on April 30, 1949) "in Cleveland at the age of 94. He said he knew because he was one of the three that were jailed. He was demonstrator of anatomy at Wooster Medical College. He said he did not get that particular body but gladly paid a fine of $5.00 to end the matter. The two that were not guilty of this resurrection obtained from the third man, connected with the homeopathic college, the confession that he got the body.

"There is another condition of interest. There was competition for bodies, and there was an agreement between demonstrators of anatomy of competing medical colleges that the group that first reached a grave had priority and that if another group came they should retire. In 1885 a man died in Bainbridge, 12 miles from Cleveland. The group from the Western Reserve University Medical School had reached the grave and started digging when the group from the homeopathic school arrived. They were drunk and instead of retiring started to fight. When they were knocked down, they got into their conveyance and started through the town yelling 'your graveyard is being robbed'. This brought out the citizens and the Reserve group had to flee without getting the body. This was told me by one of the homeopaths who was drunk."

NOW...A NEW TREATMENT

'CARDILATE'*

for THE PROPHYLAXIS OF ANGINA PECTORIS

'Cardilate' tablets shaped for easy retention in the buccal pouch

"... the degree of increase in exercise tolerance which sublingual erythrol tetranitrate permits, approximates that of nitroglycerin, amyl nitrite and octyl nitrite more closely than does any other of the approximately 100 preparations tested to date in this laboratory."

"Furthermore, the duration of this beneficial action is prolonged sufficiently to make this method of treatment of practical clinical value."

Riseman, J. E. F., Altman, G. E., and Koretsky, S.: Nitroglycerin and Other Nitrites in the Treatment of Angina Pectoris, Circulation (Jan.) 1958.

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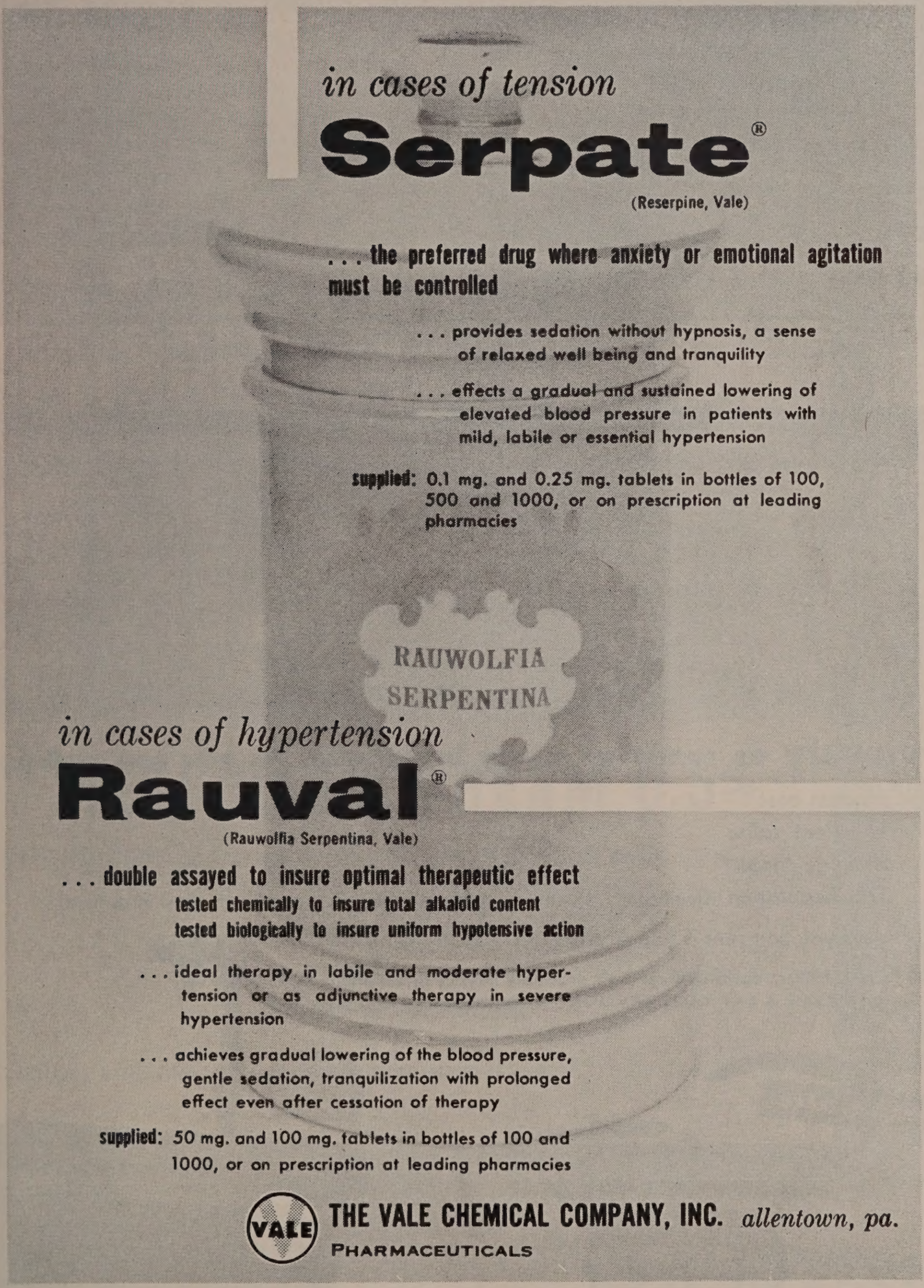

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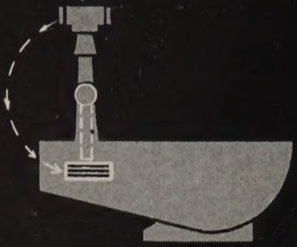

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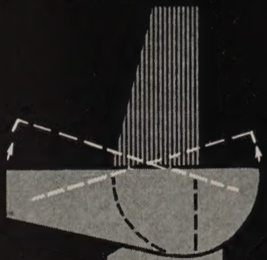

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Cohen, M. M.: U.S. Armed Forces M. J.
15. Canizares, O.; Shatin, H., and Rosenb
Med. 55:3583, 1955.
16. Sternberg, T. H., and Newcomer, V.
Treat. 6:1102, 1955.
17. Baer, R. L.: J. M. Soc. New Jersey
18. Lane, C. W.: Postgrad. Med. 18:218, 19
19. Goldman, L., and Preston, R.: "Meti"
son Ivy Dermatitis, to be published.
20. Mathewson, J. B.: New York J. Med.
21. Noojin, R. O.: South. M. J. 49:149, 195
22. Goldman, L.; Flatt, R., and Baskett
25:75, 1
23. Frank,
24. Mullins
H. M.,
25. Weidm
73:58,

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BIBLIOGRAPHY

(1) Noojin, R. O.: South. M. J. 49:149,
162:1379, 1956. (3) Goldman, L.; Flatt,
25:75, 1955. (4) Frank, L., and Stritzler,
(5) Robinson, R. C. V., and Robinson,
(6) Canizares, O.; Shatin, H., and Rosen
1955.

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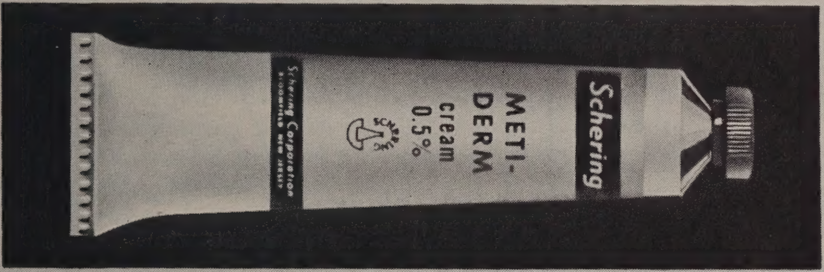

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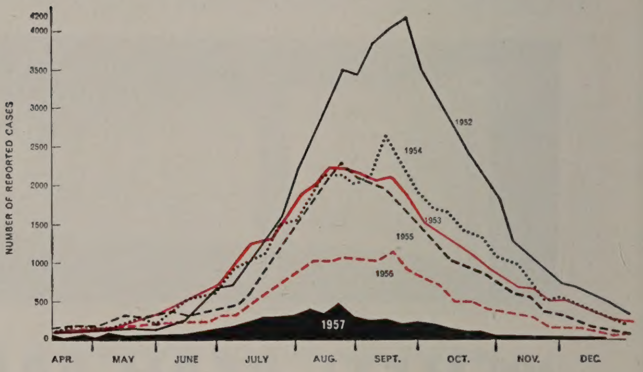

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1. *J. A. M. A.*, 165:*21* (*November 23*), *1957.*
2. *Department of Health, Education, and Welfare: News Release, October 10, 1957.*

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Vol. 54 May, 1958 No. 5

JONATHAN FORMAN, M. D., *Editor*

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The Incidence of Pulmonary Fungus Disease (1951-1956) At the Ohio Tuberculosis Hospital

FRED G. CONRAD, CAPT. (MC), USAF, and ROBERT J. ATWELL, M. D.

DURING the five years, 1951-1956, seventeen cases of pulmonary fungus disease have been diagnosed at the Ohio Tuberculosis Hospital. A brief discussion of the types of pathogenic fungi found in Ohio during this period and the manner of diagnosis and treatment of the disease they produce would be profitable since this is evidently not an uncommon disease. There were 1,370 patients admitted and 219 were ultimately discharged as having nontuberculous disease. Of this number, 7.7 per cent had pulmonary fungus infections.

The Authors

- **Capt. Conrad, Columbus, is Assistant Resident in Medicine, Ohio State University Hospital.**
- **Dr. Atwell, Columbus, is Chief of Medical Service, Ohio Tuberculosis Hospital; Attending Physician, University Hospital; Associate Professor of Medicine, The Ohio State University College of Medicine.**

Histoplasmosis

Histoplasmosis is a systemic disease and can cause a variety of signs and symptoms such as fever, emaciation, anemia, leukopenia, ulceration of mucosal surfaces, cough, sputum, pleuritic chest pain and reticuloendothelial involvement with hepatosplenomegaly and lymphadenopathy.[1, 2]

The diagnosis may be established by culture of sputum, gastric washing, bronchoscopic aspiration, blood, bone marrow, and tissue biopsy. Serologic tests of complement fixation and collodion agglutination are relatively simple, accurate, specific and are diagnostic when positive in titers of 1 to 40 and 4 plus at 1 to 10 respectively. A negative tuberculin skin test and a positive histoplasmin skin test in the presence of signs, symptoms and x-ray suggestive of tuberculosis, may be considered diagnostic as histoplasmosis in Ohio.

On roentgenograms, pulmonary histoplasmosis may produce interstitial pneumonia, discrete or confluent areas of pneumonia, miliary disease, chronic granulomata, caseation, abscess formation, fibrosis, calcification and cavitation.

Unfortunately there is no treatment for histoplasmosis, and surgery tends to spread the disease and increase its activity.

Nine patients were diagnosed as having pulmonary histoplasmosis. The major symptoms were easy fatigability, weight loss, fever, productive cough and chest pain. None of our patients were anemic, only three had lymphadenopathy, two had leukopenia, one had hemoptysis and one had hepatomegaly. The diagnosis was established by sputum cultures on two, tissue cultures on two, tissue examination on one, serologic studies on one and by positive histoplasmin skin test on three patients with negative tuberculin tests. Two-thirds of the patients had cavitary disease by x-ray, and all had the disease in the upper two-thirds of the lung fields.

Blastomycosis

Blastomycosis produces a variety of lesions ranging from a subclinical infection conferring a positive skin test, to a benign self-limited cutaneous lesion, or a more severe indolent skin ulceration which spreads slowly and lasts for several years, or an acute disseminated fatal infection involving lungs, bone, skin, reticuloendothelium, genitourinary tract, and central nervous system. There is no evidence for man to man transmission, nor has an endemic area been found for this fungus.[3]

The presenting symptoms are pulmonary (50 per cent) with a hacking cough, purulent sputum, chest pain, fever, dyspnea and occasional hemoptysis; subcutaneous nodes or abscesses (23 per cent) and cutaneous lesions (19 per cent) which present as a papule, then pustule which breaks down and spreads very slowly with a raised verrucous border and a thin, atrophic central scarred area.[4]

The diagnosis may be established by sputum culture, (25 per cent) bronchoscopy, blood and bone marrow culture, or tissue culture. The skin test is positive in 50 per cent of the patients, and the complement fixation is positive in 53 per cent, but 82 per cent of the patients have one or the other positive.

In cases of pulmonary blastomycosis, the roentgenogram usually shows irregular masses extending from the hilum. The process often involves the ribs by direct extension and the lesions almost never calcify.

The treatment for the cutaneous lesions is high doses of potassium iodide after vaccine desensitization. Intravenous 2-hydroxy-stilbamidine for three to four consecutive weeks is the treatment of choice for systemic and pulmonary blastomycosis. This drug causes damage to the trigeminal nerve in a high percentage of patients. Surgery is contraindicated for pulmonary lesions since it often leads to rapid dissemination.

Two cases of blastomycosis have been diagnosed, one patient of which had prolonged hoarseness unresponsive to antituberculous therapy for several months. A biopsy of the vocal cords finally established the diagnosis microscopically. The other patient had a 15 year history of chronic productive cough, hemoptysis, easy fatigability and weight loss. He had previously had a persistent ulceration behind his right ear which finally cleared on potassium iodide treatment. This patient's diagnosis was established by pulmonary biopsy. Both were treated with intravenous 2-hydroxy-stilbamidine.

Coccidioidomycosis

Coccidioidomycosis is an endemic disease of southwestern United States. The fungus has been found in the soil on numerous occasions and is known to be harbored in many small animals and rodents in the endemic areas.[5] Seventy-five per cent of persons infected remain subclinical, but the other 25 per cent manifest the primary disease consisting of an acute, benign, self-limited upper respiratory infection with malaise, cough, sputum, fever, chest and joint pain. Twenty per cent of the symptomatic patients develop erythema nodosum. Rarely (0.2 per cent) the disease progresses to a severe, fatal, disseminated granuloma.

The diagnosis may be established by the cultures of any purulent exudates. Cultures of the fungi are dangerous to laboratory workers and should be confined to sealed Petri dishes or specially equipped laboratories. Inoculation into guinea pigs is relatively safe and a positive reaction is an orchitis in 10 to 30 days. The skin test becomes positive in only 7 per cent of the asymptomatic primarily infected group, but it is 92 per cent positive in the symptomatic patients. The precipitation test is positive in 76 per cent of symptomatic patients and the complement fixation test is positive in 55 per cent of patients with active disease.

The roentgenograms show diffuse parenchymal infiltration and hilar adenopathy which is pathognomonic if it increases as the peripheral infiltration decreases. The infiltration often leaves residual thin walled cavities (35 per cent) predominantly in the midlung fields, coin lesions, or unresolved pneumonia.

The treatment is still unsatisfactory but ethyl vanillate appears to be best and is usually used in combination with diethylstilbestrol, methyltestosterone, or sodium cinnamic acid. Amphotericin B has recently been used and may hold some promise as a therapeutic agent. Pyribenzamine® is useful when erythema nodosum is present. General supportive measures with bed rest are still the most important therapy. Surgery is indicated in cases of residual cavity since the disease does not spread after surgical intervention.

We had one patient with coccidioidomycosis. His symptoms were persistent cough, weight loss, easy fatigability, chest pain and hemoptysis. He had spent eight years in the southwest. He had a cavity in the left upper lobe which was resected and the culture grew out *Coccidioides immitis.* He has subsequently done quite well without medication.

Aspergillosis

Aspergillus fumigatus has a world-wide distribution and is found predominantly attached to grains. In man the fungus is usually a saprophyte superimposed on a primary pulmonary disease such as carcinoma, tuberculosis, asthma or bronchiectasis, but it may occasionally be pathogenic in itself. Repeated massive exposure is required to produce infection.[6] Elimination of other underlying disease should be accomplished before making a diagnosis of aspergillosis.

The symptoms are manifested predominantly in two ways: (1) a benign, superficial catarrh similar to bronchitis, and (2) a severe chronic granulomatous infection with caseation. The pulmonary symptoms are chest pain, cough with dark sputum, weight loss, anorexia, dyspnea, fever, weakness and rarely hemoptysis.

The diagnosis is almost always made by multiple positive sputum cultures. Occasionally bronchoscopy and biopsy tissue cultures are necessary. There is no routine skin test or serologic test. An antigen made from the patient's fungus may be used to determine hypersensitivity; i. e. a positive skin test.

The roentgenograms usually show a bilateral, apical, scattered infiltration of dense, smooth nodules and frequent cavitation. Occasionally there is a lobar pneumonia and pleural reaction.

The treatment consists of high doses of potassium iodide, which may be supplemented with intravenous sodium iodide, but neither of these should be used until desensitization with the autoantigen has been started. Surgery often causes an increase of the symptoms.

Four cases of aspergillosis were diagnosed in this series. The presenting complaints were productive cough, fever, chest pain and hemoptysis. All four had cavitary disease, three of the patients had several positive sputa and one had a positive culture from a tissue biopsy. All four had pulmonary resection; three patients developed empyema due to the fungus and required further corrective surgery. All received potassium iodide without much benefit. Three of the four had aspergillosis superimposed on either asthma, tuberculosis or bronchiectasis.

Geotrichosis

Geotrichum is usually a benign saprophyte frequently found in sputum, gastrics and normal stool cultures (29 per cent). Occasionally it may be pathogenic, particularly after tuberculosis or Friedlander's pneumonia. Clinically it presents as a thrush-like benign oral lesion or a chronic bronchitis with thick gelatinous sputum and occasional hemoptysis, or a severe pulmonary disease simulating tuberculosis with fever, tachycardia and cough. It may also be an enteric pathogen with diarrhea, melena, abdominal pain and superficial mucosal ulcerations.

The diagnosis is usually established by culture of sputum on Sabouraud's media. Roentgenograms show dense, patchy infiltrations with occasional thin walled cavities.

The treatment of the thrush-like manifestation and the interstitial involvement is oral gentian violet. The treatment for the bronchial and pulmonary disease is large doses of potassium iodide.

One patient was diagnosed as having geotrichosis. His symptoms were a chronic productive cough, weight loss, easy fatigability, afternoon fevers and chills. X-ray showed biapical fibrocaseous involvement with nodules and calcifications. Seven sputum cultures grew the *Geotrichum* and the patient was placed on potassium iodide but continued to get progressively worse and at last report had a large upper lobe cavity.

Summary: A brief description of the signs and symptoms, mode of diagnosis and treatment of the various fungus diseases diagnosed during the past five years at the Ohio Tuberculosis Hospital is presented. Of the nontuberculous patients 7.7 per cent had fungus infections. It should be emphasized that numerous and varied cultures should be obtained, skin tests applied and serologic studies obtained if fungus disease is suspected.

Bibliography

1. Prior, John A., Saslaw, Samuel, and Cole, Clarence R.: Experiences With Histoplasmosis. Ann. Int. Med., **40**:221, 1954.

2. Monroe, James: Histoplasmosis; A Review of the Literature and a Case Report. Ann. Int. Med., **38**:206, 1953.

3. Furculow, Michael L., et al.: Epidemiologic Aspects of Blastomycosis Admitted to Tennessee Hospital from 1922-54, Review of 86 Cases. Am. J. Med Sc., 3:231-253, March, 1956.

4. Chermis, E. I., and Waisbren, B. A.: North American Blastomycosis; A Clinical Study of 40 Cases. Ann. Int., 1:44-105, Jan., 1956.

5. Baum, C. L., and Schwarz, J.: Coccidioidomycosis—A Review. Am. J. Med. Sc., **230**:82, 1955.

6. Craven: The Role of Aspergillus and Monilia in Chronic Nontuberculous Pulmonary Disease With and Without Asthma. South. Med. & Surg., **97**:678, 1935.

Study of Nucleic Acids Yields Significant Findings

Viral investigation has developed another technic which has proved extremely valuable. Formerly tissue cultures were so overcome by secondary invaders that the virus under study was either destroyed or obscured by invading micro-organisms which could not be controlled. The use of some of the newer antibiotics now makes it possible to grow pure virus cultures without contamination.

In the renewed investigation of viruses, chemistry has not been neglected and is yielding important findings. The study of nucleic acid has been especially rewarding. It has been reported by Dr. Wendell M. Standley that a virus could be broken down into many protein and nucleic acid sub-units and that these could be re-assembled to form the large biologically active virus once again. Dr. Standley further states that the elucidation of the study of nucleic acid in all its aspects is the most important scientific problem we face today.—O. S. Philpott, M. D.: *Rocky Mountain M. J.*, 55:63, March, 1958.

Bromide Delirium, a Forgotten Psychosis

J. M. WITTENBROOK, M. D.

Introduction

IN this, the age of anxiety, relief from nervous tension is constantly being sought. Alcohol and the barbiturates have been popular remedies. Tranquilizers are freely prescribed in their many forms. The tranquilizers, however, must be obtained on prescription and most states now require a prescription for the barbiturates. Patent medicines which are described as tranquilizers have not been too effective.

Bromides are very effective in relieving anxiety and can be easily obtained without prescription in various forms including: Bromo-Seltzer®, BC® Powders, and Stanback®. We might expect to find many neurotic individuals turning to the bromides for relief of nervous tension, completely unaware of the dangers of this medication.

During the year of 1956, I discovered four unsuspected cases of bromide intoxication among my own private patients. This number, while not great, is nevertheless significant and suggests the probability that a considerable number of cases of this condition are undiagnosed each year.

Frequency of Bromide Intoxication

Max Levin in an analysis of first admissions to a state hospital between 1931 and 1939, found 3.2 per cent had bromide intoxication.[1] Since the four patients included in this study represent approximately 3 per cent of my own "first admissions," it appears possible that the incidence of this condition may be the same in private practice as it is in state institutions. It should be noted that these were "routine" private patients and that there was no selective factor determining the type of patients seen.

Diagnosis

Diagnosis based on clinical findings was not as simple as one would expect. The classical symptoms of skin rash and delirium were not present in any of my patients. The history obtained from the patient and the family did not indicate that bromides had been used. The use of bromides was denied even after a positive diagnosis had been made. The families were unable to provide any clues to the source of the bromides in these four cases.

Bromide intoxication is apparently considered to be so unimportant that most textbooks do not mention it. Information about bromide poisoning is more likely to be found in older books, it appears. This suggests that the various symptoms of the condition are not unknown but have been forgotten and overlooked in recent years. In Grinker's and Bucy's textbook, *Neurology,* the following symptoms are listed: lethargy and unsteadiness, dullness and mental confusion, and visual and auditory hallucinations.[2] Dr. Sollman's *Manual of Pharmacology* gives an even more complete list of symptoms. In his description of the condition he includes: psychic deterioration, weak memory, apathy, disturbed speech, ataxia, tremors, somnolence, sexual impotence, paranoid trends, hallucinations, apprehension, and stupor.[3]

The Author

● **Dr. Wittenbrook, Cleveland, is a member of the staffs of Ingleside, Marymount, and St. Vincent Charity Hospitals; Instructor in Psychology at Fenn College, and Instructor in Psychiatry at Saint John College, Cleveland.**

Dr. Levin in 1946 noted that bromide intoxication could produce a transitory schizophrenia.[4] Later he offered a complete classification of the effects of bromide poisoning. He divided the symptoms into the following four types:

> Simple Intoxication: in this form the patient is dull, sluggish, forgetful and irritable. The pupils are irregular, the gait unsteady and the speech thick.
>
> Delirium: characterized by disorientation, mood disturbances, delusions and hallucinations.
>
> Hallucinosis: marked hallucinations but no disorientation.
>
> Transitory Schizophrenia: in this form paranoid symptoms are seen with delusions, ideas of reference, and hallucinations. It is found in patients with a basic schizoid personality.[1]

Even this very excellent and apparently complete classification did not fit two of my patients. These two had vague symptoms somewhat suggestive of epilepsy or of an epileptic equivalent.

In the diagnosis of bromide intoxication, the electroencephalogram usually offers little specific

---

Read before the 1957 Annual Meeting of the American Psychiatric Association, Chicago, Ill., May 17, 1957.

help other than to differentiate the condition from true epilepsy. One patient admitted to Ingleside Hospital under the care of Dr. Charles Centa had changes in his electroencephalogram commonly associated with drug artifacts. He was a known user of bromides. Hill and Parr in speaking of the possible effects of bromide on the brain wave pattern point out that a higher level of bromides tends to produce diffuse slow activity, but that patients differ so vastly that some with very high blood bromide levels may show no gross abnormalities.[5]

The only certain method of diagnosis is the blood bromide determination. At best this should be done on every patient. I will have to admit that in my practice this was done only on patients having symptoms which in some way seemed atypical of any usual organic or functional mental illness.

Treatment

The generally accepted treatment is to give sodium chloride so that the chloride ion may replace the bromide ion. In my series one gram of sodium chloride was given orally three times a day. Some of the patients were not cooperative in taking medication, so they were given 1000 cc. of glucose in normal saline daily. Vitamin B complex was administered routinely and tranquilizers as needed. Following the suggestion of Sidney J. Tillam subcoma insulin was also given to aid in the elimination of bromides by increasing diaphoresis.[6] This appeared to make the patient generally more cooperative and less agitated.

Case Reports

Case 1. A 52 year old white female, was admitted to Marymount Hospital on November 1, 1955, and was discharged January 22, 1956. On admission she presented a fairly typical Korsakoff's syndrome with loss of memory and confabulation. In about a week after admission she became quite paranoid with delusions and hallucinations. There was a long history of alcoholism. She had always been a little suspicious of people. The paranoid delusions of being poisoned made it difficult to gain her cooperation in eating and taking medication.

The initial blood bromide on November 2, 1955, was 950. Later blood bromide levels were as follows: on November 11, 558; on November 1, 319; on December 1, 153; on December 5, 97; on December 14, 72; on December 23, 28; on December 28, 12; and on January 5, 8.

This same patient was next admitted to Ingleside Hospital on June 28, 1956, where she remained until August 25, 1956. She had been paranoid even before she was admitted to the hospital. In the hospital she was actively hallucinated, hearing voices talking to her under the bed and just outside her window. She thought she was being poisoned by the medication she was given. The blood bromide levels were as follows: on June 29, 1050; on July 9, 1010; on July 25, 202; on August 8, 63; and on August 20, 18.6.

She was readmitted to Ingleside Hospital on October 16, 1956, and was discharged on December 1, 1956. Her mental picture was much the same as it had been at the time of her first admission to Ingleside Hospital. Her blood bromide levels during this admission were: on October 17, 696; on October 29, 186; on November 7, 102 and on November 16, 17.

Comment

This patient (Case 1) is easily classified in the category of transitory schizophrenia. She had delusions, ideas of reference, and hallucinations with a basic schizoid personality.

Case 2. The patient, a 52 year old white male was admitted to Ingleside Hospital on August 13, 1956, and was discharged on September 15, 1956. He had a long history of alcoholism and addiction to barbiturates. He was sent to the hospital because he had become dull, sluggish and irritable at home. He complained of attacks of severe headache or severe facial pain. The history of his complaints was inconsistent and somewhat misleading. He claimed that the illness had been diagnosed as trigeminal neuralgia and also as histamine cephalgia. Due to his irritability and/or pain he had difficulty in sleeping. Some relief of insomnia was obtained through the use of Thorazine® which was given in gradually increasing amounts until he was receiving 100 mg. four times a day.

He did not appear to be either a typical alcoholic or barbiturate addict. Typical withdrawal symptoms of either addiction did not appear. A blood bromide determination was done on August 17 which was 413. On the routine described previously the blood levels fell rapidly. On August 31, the blood bromide was 94 and on September 12 it was 12.

Comment

The symptoms presented by this patient can be classified as "simple intoxication." It is interesting that the physical complaints of headache and facial pain disappeared as the blood bromide level reached normal. I had expected to follow this patient and he agreed to see me regularly at my office. He broke his appointments with me, however. About three months later I received a call from the outpatient clinic of a hospital in Cleveland. This patient had been there several times late at night for medication to relieve severe pains in his head. Several times they had given him narcotics to relieve the pain and had sugested that he return to his "regular" doctor for care.

Case 3. A 53 year old lake boat engineer, was admitted to Ingleside Hospital on July 10, 1956, and was discharged August 25, 1956. The complaint on admission was that the patient had been acting peculiarly and had fainting attacks. There was a delusional trend but this did not appear significant.

Some time before he returned to Cleveland, the home of his brother, he had been found comatose on the street in Chicago. He was admitted to Wesley Memorial Hospital on January 29, 1956, and discharged on February 6, 1956. On admission he vomitted and was unable to respond. He improved while in the hospital and appeared normal at the time of discharge except for a bilateral anosmia. He had a contusion of the left occipital-parietal area. X-rays of the head revealed a linear fracture of the right side of the calvarium. The electroencephalographic findings consisted of mild generalized changes with a poorly defined region of slow wave activity on the right fronto-parietal area.

At Ingleside Hospital he was found to have a blood bromide level of 456 on July 12. On July 23, the bromide level was 213; on August 8, 73 and on August 20, 13.9.

With blood bromide levels near normal or at normal he no longer had attacks of syncope and seemed normal mentally. He was alert and cheerful. He returned to his home in Florida. A few months later he came back to visit his brother in Cleveland and an appointment was made for him to see me as he was again not "normal" according to his family. He refused to see me claiming that he was afraid that I would put him back in the hospital. In April 1957 he was examined at the Cleveland Clinic and found to have a blood bromide of 107.

Comment

This patient's history was vague and his symptoms somewhat misleading. Both seemed most suggestive of epilepsy. It seems best to call this type of bromide intoxication "pseudo-epilepsy."

Case 4. The patient was a white laborer of 52 years who had a long and interesting history. The details of the history were contradictory. We knew only that he had been a user of narcotics and other drugs. He had once been at the government hospital in Lexington. The past history was more confusing than helpful.

He was first admitted to Marymount Hospital on November 1, 1951, where he remained until November 14, 1951. He complained of weakness and pains in his chest. The working diagnosis was coronary infarction but this could not be confirmed.

He was readmitted to Marymount Hospital on November 30, 1955, and remained until December 8, 1955. He again had peculiar complaints and pain in his upper abdomen or chest. Acute cholecystitis and coronary artery disease were suspected but could not be definitely diagnosed. A psychiatric consultation was requested because of his peculiar actions and the relatives' suspicion that he was still taking drugs. He had many somatic complaints which he appeared to enjoy.

During the next month he came in three times for psychotherapy. He appeared resistive to treatment. In the meantime the family called frequently to report that he was having "spells."

In the middle of January 1956 he was admitted to Polyclinic Hospital with an attack which was again thought to be coronary infarction. He complained of feeling faint and of having pain in his chest. He would not cooperate with the treatment and diagnostic studies. The physician taking care of him suspected that someone might be bringing drugs to him in the hospital. His attitude seemed to be more pleasant after visiting hours.

He was transferred to Ingleside Hospital on January 19, 1956, and remained there until February 1, 1956. He continued to complain of pain in his chest and of weakness. The cardiologist who was asked to see him in consultation was of the opinion that we could not rule out coronary infarction and he recommended bed rest. He was uncooperative in this and so was sent home. We could see no psychiatric reason for having him remain in the hospital.

After his release from Ingleside Hospital, his family continued to complain that he was having "spells." During these "spells" he felt weak and faint, or he might have what they called "temper tantrums."

The patient was next admitted to the psychiatric division of Saint Vincent's Charity Hospital on February 9, 1956, and was discharged on March 13, 1956. He continued to have strange attacks which we suspected were cardiac in origin. Cardiac studies were negative. A large number of laboratory tests were done. These were normal except for the blood bromide which was 143 mg. on February 10th. On February 20, the blood bromide was 57; on February 27, 100; on February 29, 66; on March 5, 33; and on March 12, 22.

Comment

This last patient proved to be the most interesting and yet most puzzling of all these patients. Since the "attacks" stopped when the blood bromide level approached normal, I feel justified in labeling this another example of "pseudo-epilepsy." Follow-up studies would help to determine if this was actually true. The patient, however, has disappeared and none of the several doctors who have known him for years have seen him since.

Summary

Bromide delirium has been completely ignored in textbooks and medical literature or it has been dealt with as an unimportant and insignificant problem. It must be stressed that it can produce definite psychotic symptoms and that the clinical picture may be such that it may lead to an improper diagnosis. Incorrect diagnosis means incorrect treatment. With careful and adequate treatment six or eight weeks are required for recovery.

Bromide intoxication occurring in at least 3 per cent of patients makes it a significant disease. It is probable that the more frequently it is suspected the more frequently it will be detected.

The ease with which bromide intoxication can occur must not be overlooked. As I was preparing this paper in its final form two additional patients came to my attention both illustrating this point. One patient now hospitalized because of bromide delirium, was under my care for psychotherapy during the time he was taking Bromo-Seltzer at the suggestion of a friend. This was done without my knowledge. He was involved in three automobile accidents for which he was responsible. It is now obvious that these were due to bromide delirium.

The other patient, not my own, developed bromide delirium while in the hospital. He had been given bromides for sedation.

It may make the clinical diagnosis easier if we have in mind the five types of symptoms that may be produced by bromide intoxication. The only certain and definite means of detecting this condition is the routine use of the blood bromide test for all hospitalized cases and probably for a large portion of office patients.

References

1. Levin, Max: Bromide Psychoses: Four Varieties, Am. J. Psychiatry, **104**:789-800, June, 1948.

2. Grinker, Roy R., and Bucy, P. C.: Neurology, ed. 4, Springfield, Charles C. Thomas, 1949, p. 897.

3. Sollmann, Torald: A Manual of Pharmacology, ed. 4, Philadelphia, W. B. Saunders Co., 1932, p. 904.

4. Levin, Max: Transitory Schizophrenias Produced by Bromide Intoxication. Am. J. Psychiatry, **103**:229-239, Sept., 1956.

5. Hill, J. N. D., and Parr, G.: Electroencephalography, New York, Macmillan Co., 1950, p. 190.

6. Tillam, Sidney: Bromide Intoxication. Am. J. Psychiatry, **109**:196-202, Sept., 1952.

Symptomless Tuberculoma and Hydronephrosis (A Case Report)

REYNOLD E. KLAGES, Jr., M.D.

FROM the time that one begins the study of medicine as a medical student, through his student days on into his internship and residency and thence into the private practice of medicine, he hears the oft repeated statements that there is no substitute for a thorough diagnostic study which includes a complete history and physical examination and subsequent follow-up until the diagnosis is established. Every one of us knows that these statements are true and that if followed, bear fruit. However, it seems that their proven value is not often enough brought out in the medical literature today, and that without the oft repeated evidence being presented, we as physicians are liable to forget or become lax in our methods and not "follow through," so to speak.

The following case, I believe, is an excellent example of the value of not only a complete history and physical examination and subsequent follow-up studies, but also of the value of the ever increasing attempt to survey our large population in order to ferret out disease and treat it accordingly. This case exemplifies the value of these three methods of medical approach, namely the survey method, the thorough and complete history and physical examination, and the value of complete follow-up studies.

Case Report

The patient is a 42 year old white male farmer who was sent to this office as a result of having been told that he had certain findings in his survey chest film, taken at the Benjamin Franklin Clinic, which called for further follow-up by his private physician. Due to the fact that this patient did have a 3 cm. lesion in the left lower lung field, which we can call a coin lesion, and which we have subsequently satisfied ourselves is a tuberculoma, it was felt that a complete history and physical examination, plus the appropriate laboratory work would be in order. The patient stated that he had absolutely no complaints, was feeling fine, working every day, but felt that since he had not had a complete examination for "Heaven knows how long," that it was probably a good idea.

As previously stated, the patient had no complaints. He felt quite well, was able to do his work daily and could tell me nothing which he felt would indicate any detrimental condition to his health. His past history was noncontributory except for the fact that he was told, while in the Army in 1945, that he did have a lesion in his chest. This we followed through and were able to make the determination that his coin lesion was radiologically, at least, a tuberculoma. This lesion has become smaller since the original films in 1945.

The Author

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Family history revealed the fact that he had a brother who died of cancer of the large bowel, and a father who had a coronary occlusion and subsequently died.

His system review revealed only the fact that he had a nonproductive cough and smoked approximately one and one-half packs of cigarettes per day and drank socially. The only other statement he made was the fact that he had noted that his abdomen, the girth of same, was slightly greater than it had been previously, and that he had to let his belt out a notch or two during the past two or three months. He felt, however, that he had gained no weight and could not quite understand what caused him to have this increase in his abdominal size.

Physical Examination

Physical examination revealed a well developed, well nourished white male in no acute distress. Temperature 98.6, pulse 68 per minute, respirations 18, weight 157 pounds. Blood pressure 120/80. The remainder of the physical examination was noncontributory in all respects except for examination of the abdomen.

On examining the abdomen, there was noted what appeared to be a mass which encompassed the left periumbilical area and extended upward to the left upper quadrant. The area was approximately 15 by 20 cm., perhaps larger. There was a definite doughy feeling to this area and a definite resistance in relationship to the other quadrants of the abdomen. There was no tenderness noted. On observation of the patient in the prone position, one could see a definite elevation of the left portion of the abdomen in relationship to the right. No fluid wave was elicited and it was dull to percussion. The mass was not movable and was much more difficult to palpate with the patient in the upright position—in all probability due to the muscularity of the abdominal wall.

Laboratory Data

The laboratory reports follow: Electrocardiogram interpreted as being within normal limits. Urinalysis revealed a specific gravity of 1.017, albumin one plus, white blood cells—a few. Hemoglobin 14.75 grams; red blood cell count 5,050,000; white blood cell count 6,700 with 35 small lymphocytes, 8 large mononuclears, 56 neutrophiles and 1 eosinophile. Sedimentation rate 12 mm. per hour. VDRL and Kahn: nonreactive. Fasting blood sugar 103 mg. per 100 ml. Blood urea nitrogen, 22.5 mg. per 100 ml.

X-ray studies were carried out and the coin lesion, as stated in the foregoing was noted but no other abnormal findings in the chest x-ray. The patient also underwent an A-P film of the abdomen, a urogram and a barium enema, as well as an upper gastrointestinal study.

Differential Diagnosis

The conclusion was as follows, and I quote the radiological interpretation: "Differential diagnosis of the mass in the left abdomen: (1) Lymphosarcoma or lymphoma, granulomatous type infiltration; (2) Secondary involvement from the lower portion of the descending colon is not definitely excluded from this study and is certainly an outside questionable possibility of a cirrhosal lesion associated with the lower portion of the descending colon in its posterior mid aspect; (3) Secondary hydronephrosis, left kidney apparently due to pressure from the mass in the left abdomen against the ureter."

The radiologist recommended definite laparotomy in view of the present radiological findings.

The patient was amazed, feeling as well as he did and with no evidence, as far as he could determine, of any ill health, that such a condition could possibly exist. We discussed the situation, and the only reasonable thought was that surgery should be done in order to make a definitive diagnosis and then be able to offer further therapy for whatever the etiological agent might be. The patient was, therefore, hospitalized and a general surgeon consulted. He asked for further urological consultation which was provided, and again it was noted that the left kidney was not functioning and the ureter blocked. Therefore, the patient being in good condition, exploratory laparotomy was carried out.

Operation

The surgical report follows: "A huge lobulated mass extending from the diaphragm all the way into the pelvis and across the midline, the size of a large watermelon was indentified. The base of one of these cysts at the inferior angle of this mass was incised and a large amount of old tarry, endometriosis-like looking material was aspirated. Upon aspirating this, the entire mass collapsed into a collapsed-like balloon. The pedicle vessels were identified and ligated, the adrenals mobilized, freed away from the mass, and the vessels around this were ligated with fine catgut. The pedicle of the kidney was triply ligated, the ureter was immobilized and ligated and a piece removed."

The pathological report was that this was a massive hydronephrosis with extensive degenerative hemorrhage, the result of a congenital defect in the left kidney, at the uretero-pelvic junction.

The patient did quite well following the operation, the only complication being an atelectasis of his right middle and lower lobe, which, with some tracheal suctioning and conservative therapy, did very nicely, and he was discharged from the hospital with no complications. I subsequently have seen this individual as did the surgeon, and he is showing no postoperative complication, is back to work and feeling excellent.

Summary

In summary, therefore, we have an individual, who, through a routine chest survey, was brought to a private physician, who in turn through the avenues of a complete history and physical examination, was able to detect an abnormality in this patient, which, up until that particular time was causing no symptoms. By following this situation to its end point, the diagnosis was definitely made, the situation remedied and the patient was completely cured in this particular case, of his disability. A most gratifying and rewarding experience, I am sure, for all concerned.

References

1. Yater, Wallace Mason: Fundamentals of Internal Medicine. New York, D. Appleton-Century Co., 1945, p. 155.

2. Guyton, Arthur C.: Textbook of Medical Physiology. Philadelphia, W. B. Saunders Co., 1956, pp. 341-342.

Pancreatin and Some of Its Newer Uses

WILL A. QUIMBY, M.D.

THE basic digestive fluid as represented in pancreatin should be of interest to us at all times. These pancreatic ferments contained are capable of digesting every known form of food. Insufficiency or total absence actually causes disease.

Pancreatin is a substance containing enzymes, principally pancreatic amylase, trypsin and pancreatic lipase, obtained usually from the fresh pancreas of the hog.

It is worthy of note here that pancreatin and insulin cannot be obtained from the same gland. This glandular substance is a cream colored amorphous powder, having a faint, characteristic, but not offensive meat odor. Pancreatin is slowly and incompletely soluble in water. It is insoluble in alcohol. Freshness of this product is most desirable.

The association of the pancreas with disease gained importance during the latter part of the preceding century. The more intensive study of this gland has been retarded because of the inaccessibility of the organ, the complexity of its functions, our inability to render the gland opaque for roentgenography and probably above all the hesitancy of the surgeon to explore owing to the very tryptic reaction encountered.

The discovery of insulin, the principal internal secretion of the pancreas, by Banting and Best, announced in November 1921, created new interest in the gland. Intensive studies of the organ have been carried on by L. R. Dragstedt, R. Elman, H. Lagerlof and others.

My own lengthy clinical observations made possible a report[1] on "The Pancreas and Its Relation to Psoriasis, Eczema and Certain Other Diseases of the Skin."

Medication in the Most Common Skin Diseases

Eczema "endogenous," which makes up 30 to 35 per cent[2] of skin diseases for which patients seek medical aid, appeared definitely to be due to some error in diet. Repeated instances indicated disturbance of carbohydrate metabolism. Eczema endogenous may well conform to Urbach's[4] concept of dermatitis "Glycohistechia" which term he uses in dealing with "Carbohydrate Metabolism of the Skin." The observations led to the administration of pancreatin because of its amylolytic properties. At the same time all sources of starches and sugar were withheld. This glandular therapy making up for insufficiency of amylopsin proved satisfactory in the first trial. Since this observation 450 adult eczema patients have been cured or their skin disease satisfactorily controlled, in connection with roentgen therapy. For well defined cases of eczema, roentgen treatment is an essential adjunct to restoring normal skin.

The Author

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Infants are never given x-ray exposures. Infants displaying a mass of eczema from scalp to feet have made remarkable recovery by simply placing pancreatin in their 24 hour mix of food.

Dosage of pancreatin in all its newer uses does not vary a great deal. Twenty-five to fifty grains are commonly prescribed. Observations have shown no ill effects from extra large doses. Administration of 300 to 400 grains per day shows no particular benefit.

Since the pancreatic juice supplying the enzymes trypsin, amylopsin and lipase is normally delivered to the duodenum in variable quantities, the presence of additional pancreatin does not disturb digestion and good health. On the other hand, where there is known disease due to pancreatic insufficiency, a small dose taken regularly before meals has, in numerous instances, prevented disease.

Eczema patients are given *fresh* pancreatin (25 to 50 grs. in double 00 capsules) and x-ray treatments simultaneously until the skin is well cleared of the disease. Diet therapy is adhered to strictly. Patient and physician will learn to regulate dosage of pancreatin to make up insufficiency of the pancreas. Pancreatin alone in mild eczema cases has been known to prove satisfactory providing a strict diet is followed.

When dealing with most stubborn and persistent cases of eczema and seeming failure of treatment is at hand, it must be remembered that pancreatin is most active and efficient in the presence of bile. Under these circumstances the liver must be stimulated by such drugs as cascara, ox gall, etc.

Pruritus, local or general, probably is the most common and distressing complaint in dermatology.

Some observations have been made in pancreatin therapy which places this substance at the top as a relief of pruritus originating within the body. It is not uncommon to encounter an aged patient complaining of generalized itching, even needle-like stinging sensations. Pancreatin taken freely will compensate for the diminished activity of this glandular tissue common in the aged. Patients with pruritus, ani, and vulvae after eliminating any local cause of irritation have obtained complete relief after a few x-ray applications, taking pancreatin and correcting the diet.

Roentgen Nausea

Radiation sickness is readily prevented by pancreatin. Cellular disintegration following radiation causes protein intoxication. Having in mind this disorganized protein material, thrown into circulation, it seemed plausible that digestive enzymes would be the proper medication. Prevention of this sickness followed the first dose. This trypsin action of pancreatin powder has been completely effectual in 350 cases since first use in 1942. While this glandular therapy is not thoroughly understood, the benefits are believed to take place in the liver. Administration of medication is simple. Immediately after radiation treatment is given, 50 grains—two 00 gelatin capsules—are given followed by glass of water. This early and immediate ingestion adds to the effectiveness. At home, have patient repeat capsules before each meal during series of treatments.

Food allergy will be dealt with here only in a small way as compared to the importance of allergy in its entirety. It is difficult at times indeed to determine what is truly a food allergy. When food is ingested, what happens if digestive juices and enzymes are absent wholly or in part? Under these conditions, food becomes a foreign substance and irritant to the intestinal mucosa resulting in a diversity of reactions. It is a daily observation to see allergy to some of the most common foods disappear promptly after giving pancreatin. Patients thought to be allergic have been denied food almost to a starvation diet. In my own experience, when pancreatin was prescribed 90 per cent of these cases recovered their normal health and sense of well-being.

Insufficiency of the pancreas as related to food allergy was noted by Nathan:[3] "A child hypersentitive to eggs presented a clinical picture of erythema and diarrhea. The stool was found to have a high content of neutral fat and poorly digested muscle fiber. During the period of treatment with pancreatin, eggs were tolerated, but the allergic symptoms recurred when the pancreatin was stopped. Renewed administration of pancreatin extract again resulted in freedom from symptoms."

Cosmetics have a share among the newer uses of pancreatin. Roentgen therapy of the face at times leaves much to be desired in the way of normal and pleasing skin. Pancreatin powder freshly mixed with water to the thinnest paste consistency and applied over entire face with a cotton or gauze applicator, for a few minutes, always improves the skin and frequently delights these unfortunate people.

This therapy is indicated in acne, seborrhea, presence of blackheads and a number of conditions where the skin is rough or oily. The mild epilating action results in an apparent bleaching effect. The smoothness of surface and fresh pink color results in a more youthful appearing skin. The activity of this therapy is due to trypsin which digests or softens the facial debris. The enzyme lipase dissolves the fats or seborrheic material. Caution is urged here against carrying this tryptic or dissolving action of the skin too far.

Pancreatin therapy as given in the foregoing, represents some of its most important uses. One's interests in these enzymes will reveal additional therapeutic values.

Lipase insufficiency—Xanthomas, disturbances of lipid metabolism—bears same relationship as amylopsin does to eczema endogenous.

Trypsin insufficiency revealed in skin lesions will undoubtedly show excessive protein tissue in local areas.

The Skin as a Reflector of Pelvic Disease

Under the title of this paper, infection of the pancreas may seem to be wholly unrelated. However observations point to further relationship between the pancreas and skin reactions.

A very critical consideration of the pelvic lymphatic system as a channel conducive to skin infection is so remote physically, that such a process is seldom suspected and almost impossible to prove. The pre-aortic lymph glands anastomose with each other. They receive lymph from the stomach, intestines, liver, pancreas, and spleen. In due turn, the pre-aortic anastomosis receives large drainage from the entire pelvis. Infections from the rectal tissues and all genital organs are in direct line of drainage into the pre-aortic anastomosis—and thence into any of these upper abdominal organs. Herein lies a field of much interest.

References

1. Quimby, Will A.: The Pancreas and Its Relation to Psoriasis, Eczema and Certain Other Diseases of the Skin. Am. J. Roentgenol., vol. 56: No. 1, July, 1946.
2. Sutton and Sutton: Diseases of the Skin. St. Louis, Mosby Co., 1939.
3. Nathan, M.: Bull. med., Paris, 34:59, 1920.
4. Urbach, Erich: Skin Diseases, Nutrition and Metabolism. New York, N. Y., Grune & Stratton, 1946.

Jejunal Diverticulum with Perforation

Report of a Case and Brief Review of the Literature

J. R. NAVARRE, M.D., and E. H. SCHMIDT, M.D.

THE jejunal diverticulum is a rare condition, but of serious enough import to be worth review of the subject and a report of unusual complications. In 1900 Fisher[4] in a report stated that the first cases of jejunal diverticula were described by Sommering in 1794 and in 1804 by Voigtel. Six years later Gordinier and Sampson[6] described a living patient with jejunal diverticulosis.

Etiologically the diverticulum may be congenital or acquired. Usually the congenital is solitary and located, as Meckel diverticulum, on the antimesenteric border of the intestine. The acquired, however, is usually multiple and located on the mesenteric border.

The congenital diverticulum contains all of the layers of the bowel, while the acquired usually exhibits an absence of one of the muscular coats, the longitudinal layer. The acquired is most often seen after the age of 40 years and is thought to be mucosal herniations at the site of vessel perforations. It is believed to be secondary to increased pressure resulting from abnormal peristaltic waves.

Roentgenologically in 1934 Rankin and Martin[10] reported three cases in 956 examinations or an incidence of 0.31 per cent; two years later Edwards[3] reported four cases found in 4,631 examinations or an incidence of 0.08 per cent.

By necropsy in 1936, Rosedale and Lawrence[11] reported four cases of jejunal diverticula in 300 consecutive autopsies or an incidence of 1.3 per cent. Fifteen years later, Orr and Russell[8] had an incidence of nine cases of 2,161 autopsies or 0.4 per cent.

The signs and symptoms of jejunal diverticula have been most adequately reviewed and discussed by Fraser[5] in 1933; Benson[1] et al. in 1943, and once again by Mahorner and Kisner[7] in 1947. For the most part this can be a relatively asymptomatic condition unless complications supervene to call it to the physician's attention. In short, the symptomatology is that of its complications.

The major complications were well classified by Milnes Walker[15] in 1945 as follows:

1. Acute diverticulitis causing:
    a. Generalized peritonitis
    b. Local abscess formation
    c. Adhesions
    d. Acute intestinal obstruction
    These may or may not be associated with perforation.
2. Concretion formation with or without obstruction.
3. Hemorrhage.
4. Traumatic rupture.
5. Volvulus.
6. Jaundice (Nicholson) 1935.

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The incidence of complications, however, is rather rare with inflammation and concretion as the more common, and, probably, traumatic perforation as the most uncommon. This of course is not too surprising for a number of reasons:

1. The wide neck of the diverticulum.
2. The rather fluid, sterile intestinal content at this level.
3. The low intraluminal pressure.

Thorek and Manzanilla[14] in reviewing the literature in 1954 found 15 cases of perforation of jejunal diverticula of which two were traumatic and the remainder inflammatory. There were five solitary and 10 multiple jejunal diverticula. They added their own case of a solitary jejunal diverticulum which had perforated. Fourteen cases were treated surgically, one case was diagnosed at necropsy, and the treatment of the remaining patient was not reported. The overall mortality in the surgically treated patients was 40 per cent. And thus to this we would like to add an additional case of traumatic perforation of a solitary jejunal diverticulum successfully treated surgically.

Case Report

The patient, a 69 year old white farmer, was admitted to the hospital on August 18, 1953, at 4:15 p.m. complaining of stabbing pain about the umbilicus. The pain began the day previous to admission about the umbilicus. He had spent a restless night; the pain had grown more generalized and severe. He called his physician. During this time he became more nauseated but did not vomit. One week previously the patient had a mild gastrointestinal upset consisting mostly of abdominal discomfort and diarrhea. On August 17, 1953, he had one loose yellow stool, which was repeated on the day of admission.

Past History: His general health was good. There was a history of several minor falls and accidents.

Medical and Surgical Diseases: No significant history. General: In the past few months the patient had noted that he fatigued somewhat more easily, and became dyspneic on occasion.

System Review: In respect to the head, neck, heart and lungs: this was normal, except for the occasional dyspnea on exertion.

Gastrointestinal: There was a good appetite with no food intolerance. There had been several bouts of diarrhea recently but no melena, constipation, acholic stools, or weight loss.

Bones and Joints: There had been occasional pain in the right elbow. There was limited abduction of the right shoulder.

Family History: Both parents were dead of unknown causes. One younger sister had died of tuberculosis, and one sister had diabetes mellitus. One brother and one sister were living and well.

Physical Examination: Blood pressure 130/85, temperature 98.6°, pulse 100 per minute, respirations 32 per minute. *General:* The patient appeared to be restless and acutely ill. The eyes, nose and throat were normal. The neck was supple with no nodes palpable. *Thorax:* Symmetrical bilateral and normal. There were normal male breasts. The heart and lungs were normal. *Abdomen:* The abdomen was moderately protuberant and moderately rigid, especially in the right lower quadrant. This area was the point of maximum tenderness and there was marked rebound tenderness here. There was minimal tenderness in the other areas.

The bowel sounds were absent. There was no contralateral tenderness or obturator sign. There was, however, a positive psoas sign. There was no dullness in the flanks or palpable masses or hernia. *Back:* Normal. *Extremities:* There was marked limited abduction of the right shoulder and some limitation of the right elbow. *Neuromuscular:* The reflexes were physiological and present. *Rectal examination:* There was moderate hypertrophy of the prostate but no nodules or tenderness.

Laboratory Studies: Blood: hemoglobin 16.5 Gm.; red blood cell count 5.19 million; white blood cell count 18,000, 18 segmented forms, 10 band cells, 1 eosinophil, 15 lymphocytes, and 1 monocyte. Urinalysis: the color was clear amber; there was an absence of sugar, albumin and acetone. There were no microscopic findings. A diagnosis of acute appendicitis was made. The patient was prepared for surgery and taken to the operating room.

Operation

The abdomen was opened through a right paramedian incision, the cecum was visualized and brought into the wound. About the cecum there was a moderate amount of watery, opalescent material, not appearing to be purulent. There was a moderate periappendicitis but it was not felt that the appendix was the primary site of disease. The incision was extended and thorough laparotomy carried out.

The colon was palpated and visualized throughout its length. In the sigmoid colon there were a few small diverticula with a moderate amount of reaction about them. The gallbladder was visualized and found to empty easily and be free of stones. The wall was thin. The pylorus and stomach were carefully examined and found to be normal. Complete examination of the small bowel revealed a jejunal diverticulum approximately 6.0 cm. from the ligament of Treitz. This was located on the mesenteric border. It was approximately 4.0 cm. in length and was perforated at its apex by a piece of bone. The bone protruded into the mesentery and into the peritoneal cavity. A moderate amount of intestinal contents was seen exuding from the area of perforation into the peritoneal cavity. The viscera were packed away and the mensentery freed about the diverticulum.

The dissection was carried about the neck of the diverticulum. Rubber shod clamps were placed on the jejunum. The diverticulum, with a small amount of jejunal mucosa, was excised. The defect was closed transversely in two layers with chromic gastrointestinal suture. Several cotton buttress sutures were placed on top of these.

The bone removed from the specimen measured 3 by 0.5 by 0.5 centimeters. It was roughly shaped like a golf tee.

The rent in the mesentery was repaired and the appendix was removed. The incision was closed with a continuous No. 0 chromic suture in the peritoneum and interrupted No. 00 cotton sutures were placed in the fascia. There were several No. 0 black silk stay sutures used. The skin was approximated with skin clips. A rubber drain was brought out through a stab wound in the left flank.

The Pathological Report

Gross Examination: The specimen consists of an appendix measuring 6 by 7 cm. The external surface is smooth and glistening, vessels moderately congested. The second specimen is a portion of small intestine, the serosal surface of which is thickened and has lost its normal translucency. There is a perforation noted at the apex.

Microscopic Examination: Section of the appendix shows the lumen to be obliterated and the wall to be infiltrated with a few lymphocytes. Specimen No. 2: Section of the small intestine shows a small perforation. Submucosa, muscular coat and subserosa are edematous and diffusely infiltrated with a mixture of neutrophilic leukocytes, lymphocytes and plasma cells. The serosal surface is covered by a thick layer of fibrin containing a large number of neutrophilic leukocytes. One point near the center of the specimen, the muscular coat is absent, the wall of the bowel is absent.

The Pathological Diagnosis: Fibrosis obliterans of appendix. Diverticulum of the small intestine with acute diverticulitis and perforation.

Postoperative Course

The patient was returned to his room in good condition. He was put on nasal suction, given parenteral fluids and a Foley catheter was placed in the urinary bladder. After surgery he remained afebrile with the temperature reaching 99.4° on one occasion. His pulse, blood pressure and respirations were stable at all times. The urinary output was adequate at all times.

On August 21, 1953, the patient had gas pains and passed flatus. He was given a water and glycerin enema with good results.

On August 22, 1953 the nasal tube was removed. His abdomen was soft and normal bowel sounds were present.

August 27, 1953: His wound was healed primarily. His skin clips and drains were removed. He was enjoying a regular diet, having normal bowel movement, good urinary output, and was free from symptoms or findings. He was discharged from the hospital.

Follow-up in office: The patient was seen on September 1, 1953. His wound was well healed, and there were no findings or complaints. All functions were normal. He was last seen in January, 1954 at which time he was free from findings or symptoms. He was discharged to his family physician. At this time the patient was questioned concerning the time or mode of ingesting the bone. He did not recall but did state that he had "gotten new dental plates" just previous to his illness and had "some difficulty with a steak bone" at this time.

Discussion

We feel that this patient well represents the problems of perforation of a jejunal diverticulum. It also points up the necessity of painstaking, thorough laparotomy.

This case, as usual, is seen in a patient beyond 40 years of age; however, this condition has been reported by Benson, Dixon and Waugh[1] to have been found in a 13 year old female who had had symptoms for nine years.

In this instance, it was possible to resect the diverticulum without encroachment upon the bowel proper. This is not always the case. Quite often, resection of the involved segment of bowel and anastamosis is necessary. It has been possible to invaginate the diverticulum in several cases; while in a few, suture of the perforation and an omental patch was the method of choice. And finally, in a few severely ill patients the operator bypassed the lesion and drained the abdomen.

This patient presented himself with the predominant complaint of right lower quadrant pain; however, most of the patients present left lower quadrant pain and tenderness, or epigastric findings, otherwise we believe this to be a rather typical picture of a somewhat rare entity.

We also offer this as an additional differential diagnosis to the operator, who in operating for acute appendicitis is confounded by a relatively innocuous vermiform appendix.

Bibliography

1. Benson, H. E.; Dixon, C. F., and Waugh, J. M.: Non Meckelian Diverticula of the Jejunum and Ileum. Ann. Surg., **118**:377, 1943.

2. Butler, W. J.: Traumatic Rupture of Intra Mesenteric Diverticulum of the Jejunum. Brit. J. Surg., **25**:277, 1939.

3. Edwards, H. C.: Diverticulosis of the Small Intestine. Ann. Surg., **103**:230, 1936.

4. Fisher, M. H.: False Diverticula of the Intestine. J. Exper. Med., **5**:333, 1900.

5. Fraser, I.: Diverticula of the Jejuno-Ileum. Brit. J. Surg., **21**:183, 1933.

6. Gordinier, H. C., and Sampson, J. A.: Diverticulosis (Not Meckel's) Causing Obstruction. J. A. M. A., **96**:1585, 1906.

7. Mahorner, H., and Kissner, W.: Diverticula of the Duodenum and Jejunum. Surg., Gynec. & Obst., **85**:607, 1947.

8. Orr, J. M., and Russell, J. Y. H.: Diverticulosis of the Jejunum: A Clinical Entity. Brit. J. Surg., **39**:139, 1951.

9. Philips, J. H. C.: Jejunal Diverticulosis. Brit. J. Surg., **40**:350, 1953.

10. Rankin, F. W., and Martin, W. J.: Diverticula of the Small Bowel. Ann. Surg., **100**:1123, 1934.

11. Rosedale, R. S., and Lawrence, H. R.: Jejunal Diverticulosis. Am. Jour. Surg., **34**:369, 1936.

12. Schunk, P. M.: Traumatic Rupture of a Jejunal Diverticulum. Rocky Mountain M. J., **3**:327, 1939.

13. Slater, N. S.: Perforation and Obstruction by Enterolith Complicating Jejunal Diverticulosis: A Report of Three Cases. Brit. J. Surg., **41**:60, 1953.

14. Thorek, M., and Manzanilla, M. A., Jr.: Perforated Jejunal Diverticulum: Review of the Literature and Report of a Case. J. Internat. Coll. Surgeons, **21**:409, 1954.

15. Walker, R. Milnes: The Complications of Acquired Diverticulosis of the Jejunum and Ileum. Brit. J. Surg., **32**:457, 1945.

Fever and Anemia Due To Carcinoma of the Urinary Bladder with Metastases — (Case Report)

RICHARD W. WATTS, M.D.

THIS case report was prompted by the initial symptoms of low grade fever and refractory anemia in a case of metastatic tumor arising from the urinary bladder.

Case Report

The patient was a 67 year old white male who began having dysuria and hematuria two years before death. Transurethral resection of the prostate was done and carcinoma of the prostate was diagnosed for which bilateral orchidectomy was performed and stilbesterol prescribed.

Because of persistent symptoms another cystoscopy was performed 16 months before death. At that time physical examination was unremarkable. Normal laboratory findings included red blood cell count, hemoglobin, white blood cell count, serologic tests, blood urea nitrogen, acid phosphatase, and chest x-ray. Urinalysis showed 25 white blood cells and 20 red blood cells per high power field. Transurethral resection and cystotomy with insertion of radon seeds into an infiltrative poorly differentiated transitional cell carcinoma of the bladder was performed. In retrospect it was thought that the original lesion actually arose from the bladder and invaded the prostate rather than being primary in the prostate.

Studies one year and again nine months before death showed normal physical and laboratory findings. Cystoscopy and biopsy each time revealed only chronic inflammation. Following the last cystoscopy the patient began experiencing a low grade fever often as high as 101 degrees. Physical examination seven months before death was negative.

The following laboratory findings were then recorded: red blood cell count 3.5 million, white blood cell count 7,600, hemogloblin 11 grams, 9 and 9.5 grams, hematocrit 32, mean corpuscular volume 110, mean corpuscular hemoglobin 27, mean corpuscular hemoglobin concentration 29, negative serology, normal urinalysis, blood urea nitrogen 16 mg., phosphorus 3.5 mg., alkaline phosphatase 5.2 units, icterus index 3.4 units, total serum proteins 5.4 grams with albumin 3.0 grams and globulin 2.4 grams; febrile agglutinins were negative. Numerous blood, urine, and stool cultures were negative. Chest, colon, and pelvic x-rays were negative. Bone marrow aspiration revealed normal cells. The fever subsided while he was in the hospital.

Despite ferrous sulfate therapy his hemoglobin was consistently 10.5 grams and daily temperatures showed spikes as high as 102 degrees. Because of rapidly enlarging suboccipital and right axillary nodes he was hospitalized five months before death. Biopsy of a node showed undifferentiated carcinoma. Complete x-ray survey showed normal findings in the kidneys, sinuses, gallbladder, esophagus, stomach, and duodenum. Rib and vertebrae x-rays were inconclusive. Otorhinolaryngeal examination was normal. Progressive emaciation with enlarging peripheral lymph nodes and signs of lumbar spinal cord compression with leg paralysis and loss of sensation, urinary and fecal incontinence characterized the terminal course.

The autopsy findings (performed by Dr. Oliver Eitzen, pathologist at Lakewood Hospital) were undifferentiated carcinoma of the spleen, right adrenal, prostate, axillary, periaortic, mesenteric, and iliac lymph nodes and second lumbar vertebra with epidural compression of the spinal cord. Also found was a right pleural effusion, chronic pyelonephritis, and chronic cystitis without evidence of tumor in the bladder.

The Author

● **Dr. Watts, Cleveland, is a member of the staffs of Cleveland City, Lutheran, Lakewood, and Fairview Park Hospitals; also Director of the Cardiovascular Laboratory, Fairview Park Hospital.**

Discussion

The presence of low grade fever in metastatic carcinoma has been noted many times. It also may occur with primary tumor before metastases appear. Keefer and Leard[1] refer to this but do not record any examples in which fever was associated with metastatic carcinoma from the bladder. They do mention two cases of prostatic carcinoma with fever. Fever is most common in carcinoma involving the kidney, liver, bones, lungs, and lymph nodes. The occurrence of fever after a tumor operation suggests tumor recurrence. One case of carcinoma of the bladder is found in the report by Rodriguez[2] He also emphasized the early appearance of arthritic symptoms and fever weeks or months before carcinoma was diagnosable.

The mechanism of anemia in carcinoma has been shown often to be due to a hemolytic component as attested by high fecel urobilinogen excretion and red cell survival techniques.[3] Marrow activity was usually normal or increased but failed to compensate for hemolysis.

Metastases from infiltrative tumors of the bladder are not uncommon. Jewett[4] has shown that curability drops from 100 per cent for tumors limited to the mucosa to 26 per cent if perivesicular infiltration has occurred at the time of treatment. Metastases are most commonly to regional lymph nodes, liver, lungs, vertebrae, sacrum, and pelvis. However death from bladder carcinoma is usually due to urinary tract infection, often a complication of obstruction.

Summary

1. A case of carcinoma of the urinary bladder with widespread metastases first manifested by

fever of unknown origin and refractory anemia is reported.

2. The importance of fever and anemia as early signs of metastatic carcinoma is emphasized.

Acknowledgment: The author wishes to thank Dr. William Huffman and Dr. Oliver Eitzen for their assistance in the preparation of this report.

Bibliography

1. Keefer, C. S., and Leard, S. E.: Prolonged and Perplexing Fevers. Boston, Little, Brown and Co., 1955.

2. Rodriguez, I. Aguilar: Febrile Pseudorheumatic Types in Early Carcinoma. Rev. clín. espan., 61:370, 1956; abstracted, J.A.M.A., 162:1570, 1956.

3. Miller, A., Chodos, R. B., Emerson, C. P., and Ross, J. F.: Studies of the Anemia and Iron Metabolism in Carcinoma. J. Clin. Investigation, 35:1248, 1956.

4. Jewett, H. J., and Strong, G. H.: Infiltrative Carcinoma of the Bladder: Relation of Depth of Penetration of the Bladder Wall to the Incidence of Local Extension and Metastases. J. Urology, 55:366, 1946.

• ONE OF OUR readers has objected to a statement made in a recent article in *The Journal* on early detection of recurrent cancer. Here are her reasons.—EDITOR.

Early Detection of Recurrent Cancer

I read with much interest the article by Dr. Anton W. Oelgoetz in the March 1958 issue of *The Ohio State Medical Journal* (pp. 335-337), entitled "Carcinoma of the Cervix with Metastasis—A Case Report." I find it quite difficult to accept without comment the last one of his three concluding remarks, which reads: "The Papanicoloau test is unreliable after irradiation."

Surely a considerable number of recurrent carcinomas of the cervix occurs locally. In these cases cytology is certainly of value in detecting an early recurrence.

In 1952, an article was written by Dr. J. B. Graham and Dr. J. V. Meigs* reporting seven cases of cancer of the cervix, (four after irradiation and three following radical surgery) in which the cytologic diagnosis of recurrences antedated a biopsy confirmation by an average of 14½ months. They wrote: "Physical examinations did not show diseases in any of these patients up until the time of the positive biopsy, and in three it was not grossly apparent even then. The smear directed attention to these cases and as many as three negative biopsies were taken before the presence of cancer could be verified histologically." Their conclusion was that ". . . Local recurrence of cancer of the cervix may be recognized cytologically from the vaginal smears long before the tumor is grossly detectable." — Winifred Liu, M. D., Head, Division of Exfoliative Cytology, The Youngstown Hospital Association.

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*Reference: Graham, J. B., and Meigs, J. V.: Earlier Detection of Recurrent Cancer of the Uterine Cervix by Vaginal Smear. Am. J. Obst. & Gynec., 64:908, October, 1952.

Selective Readings . . .

Matter, Mind and Man: The Biology of Human Nature, by Edmund W. Sinnott. ($3.50. *Harper and Brothers, New York 16, N. Y.)* This is volume XI in a series on world perspective by the director of the Sheffield Scientific School of Yale, and Dean Emeritus of Yale's graduate school. It is an appeal to those who may not be satisfied with religious orthodoxy but who also reject purely materialistic explanations of man and the universe. The series has been planned as a program to bring to the public short books in a variety of fields by distinguished contemporary thinkers. The purpose is to reveal basic new trends in modern civilization and to interpret the creative forces at work today in religion, politics, arts and the sciences that we might get a deeper understanding of the interrelationship between man and the universe, individuals and society and the values which are shared by all people.

Practice of Medicine, by Jonathan C. Meakins. ($16.00, sixth edition, *C. V. Mosby Co., St. Louis 3, Mo.)* The author emphasizes that it should be appreciated that there are fundamental and even simple concepts with which every student and practitioner of medicine must be armed. There has been an increasing tendency for professors of medicine to be specialists in only some one branch of their profession. It follows, therefore, that their personal teaching tends along these lines. This is not good for the undergraduate, however good it may be for the graduate or the residents. In spite of the fact that the author has expanded the editorial staff to include a group of associates, each within his own particular realm, the text is an integrated one and is, with its 1950 pages, a very excellent reference for every one interested in internal medicine.

New Answers to the Fatigue Problem, by Adelaide K. Bullen. ($4.50. *University of Florida Press, Gainesville, Florida.)* The author was formerly a member of the Fatigue Laboratory at Harvard University. This book presents the results of scientific studies of the United States Army personnel, laboratory experiments on men and women and on-the-job research in office and factory. Text and charts and graphs show differences in body build and behavior and suggests recognizing these differences in yourself and others. These give you, then, a springboard for new answers to the fatigue problem. As fatigue is often a prelude to physical or nervous illness the answers found in this book indicate, among other things, ways to combat absenteeism on the job and represent also a contribution to preventive medicine and to public health in its very broadest sense.

Interstitial Keratitis

A Case Report on Preventable Blindness

WILLIAM H. HAVENER, M. D.

A BLIND EYE is a serious loss to both patient and community. Awareness of the preventable nature of a significant portion of this blindness should help in reducing the incidence of such tragedies. The representative cases to be presented here are selected to emphasize relatively common causes of blindness, which can in many instances be averted by proper, timely care.

Case Report

This 19 year old boy has had severely reduced vision (able to count fingers only with each eye) as long as he can remember. Visual loss followed an acute bilateral ocular inflammation in childhood. Because of the pathognomonic proliferation of blood vessels seen on the deep surface of the cornea with the slit lamp microscope and because of a history of positive reaction to serologic tests for syphilis, his diagnosis is definitely interstitial keratitis. He is now hospitalized for corneal transplant.

Discussion

This case illustrates several ways in which visual loss may be prevented. Interstitial keratitis is almost always a manifestation of congenital syphilis. Detection of syphilis by routine serologic tests during pregnancy with subsequent specific penicillin treatment, has almost eliminated interstitial keratitis. Public health records show a continuing incidence of new cases of syphilis, however, and maternal serology is still a most necessary examination.

Since the advent of steroids it has been possible to minimize corneal scarring from the acute attack of interstitial keratitis. Hourly topical application of cortisone or prednisone relieves redness, photophobia, and corneal infiltration within a few days, but should be continued in reduced frequency for three to four weeks. Systemic steroids are helpful in a very severe attack.

Atropine is one of the most neglected medications in treatment of severe corneal disease. Almost invariably iritis will accompany severe inflammatory corneal pathology such as interstitial keratitis. Dilation of the pupil with 1 per cent atropine three times daily will prevent serious adhesions between the iris and lens.

Antibiotics, topical or systemic, are NOT helpful in treatment of acute interstitial keratitis. Naturally penicillin should be used in treatment of the congenital syphilis, but it will NOT prevent corneal scarring.

The need for accurate differential diagnosis of a red eye is obvious. Misdiagnosis of a case of interstitial keratitis as "conjunctivitis," and failure to use steroids, mydriatics, and antibiotics as outlined, will result in disabling corneal scarring as sustained by the patient reported here.

Finally, corneal transplanation offers great hope for this group of patients. The percentage of successful results is relatively high, and the patients (usually young) are enabled to lead more productive and enjoyable lives.

The Author

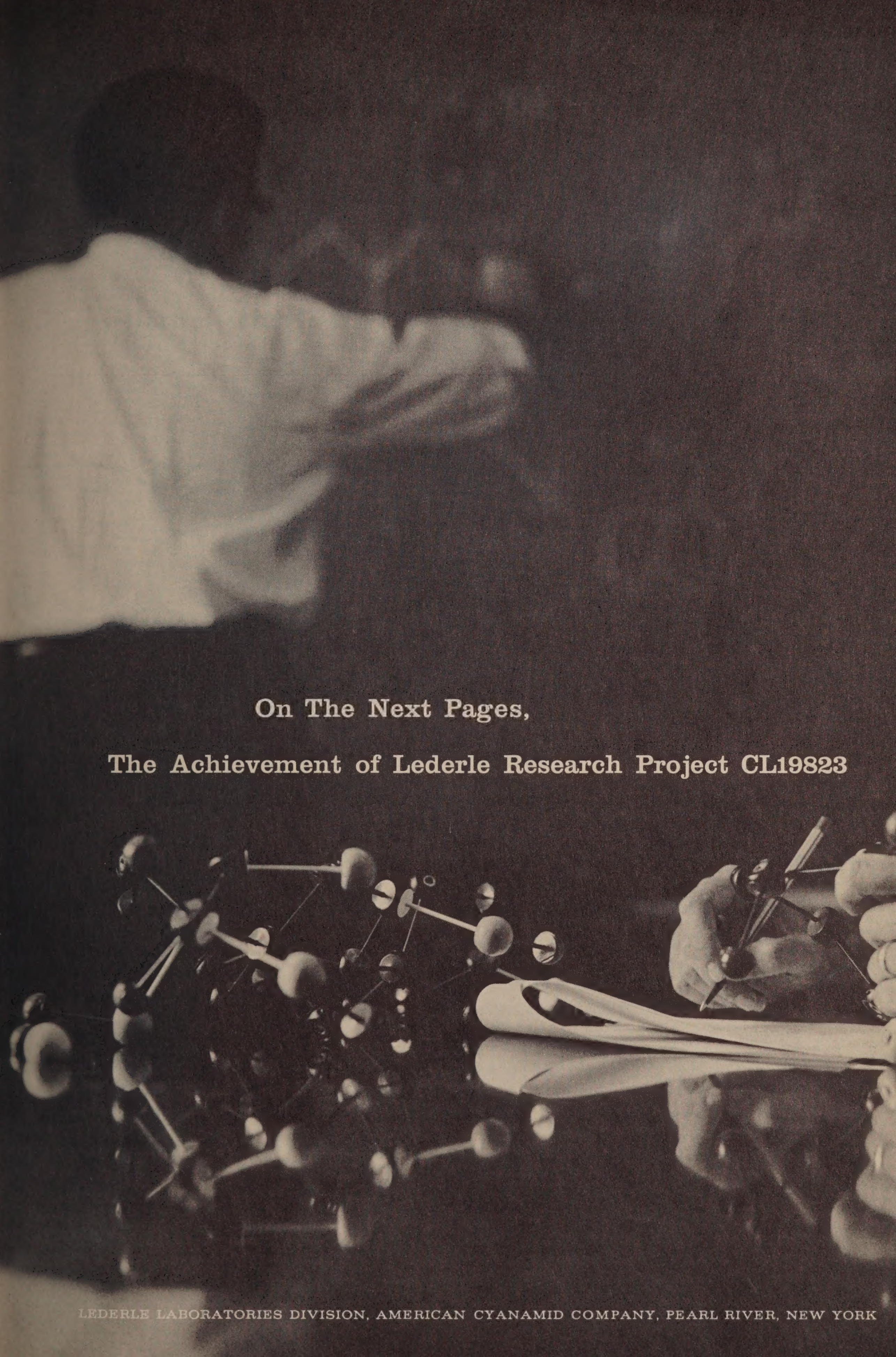
● **Dr. Havener, Columbus, is on the attending staff at University Hospital, and Acting Chairman, Department of Ophthalmology, The Ohio State University College of Medicine.**

Compression Fractures of Dorsal Or Lumbar Vertebrae

One of the most frequent of severe injuries in orchard work is injury of the back, particularly a fracture or a sprain due to a fall from one of the three-legged ladders used for picking tree crops. The ladder itself is usually 12 to 14 feet in height and weighs 40 to 60 pounds.

Usually injuries resulting from a fall in which the patient lands on his buttocks or across his picking pail are compression fractures of the dorsal or lumbar vertebrae. The patient must then be treated in hospital for reduction of the fracture by hyperextension, and application of a body cast. Later a brace such as the Jewett or Taylor brace may be used.

Lashier expressed the opinion that a disability of one year should be accepted as probable in all crushing fractures of the vertebral body. Some patients are inclined to have symptoms for a period of years. McBride said that in cases of cervical fractures the patient may be expected to resume work in 30 to 40 weeks and that for lumbar and dorsal fractures at least 42 weeks should be allowed and the patient should be returned to light work as soon as possible. D. P. LaTourette, M. D., Ceres, Calif.: *California Med.,* 87:142, 1957.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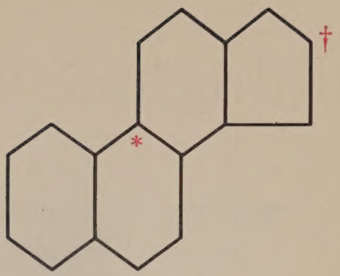

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  - No potassium loss
  - No interference with psychic equilibrium
  - Low incidence of peptic ulcer and osteoporosis

Biological Effects of Aristocort

with particular emphasis on:

Kidney function

Animal studies on ARISTOCORT[1] have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.[1] Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12-day period on a dosage of 30 mg. per day.[2] Additional balance studies showed actual sodium loss when ARISTOCORT was given in doses of 12 mg. daily.[3] Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to ARISTOCORT.[4,5] In two studies of various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.[6,7]

Potassium and chlorides

There was no active excretion of potassium or chloride ions in animals given maintenance doses of ARISTOCORT 25 times that found to be clinically effective.[1] Potassium balance studies in humans[2,3] revealed that negative balance did not occur even with doses somewhat higher than those employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis treated for up to ten and one-half months.[6,7]

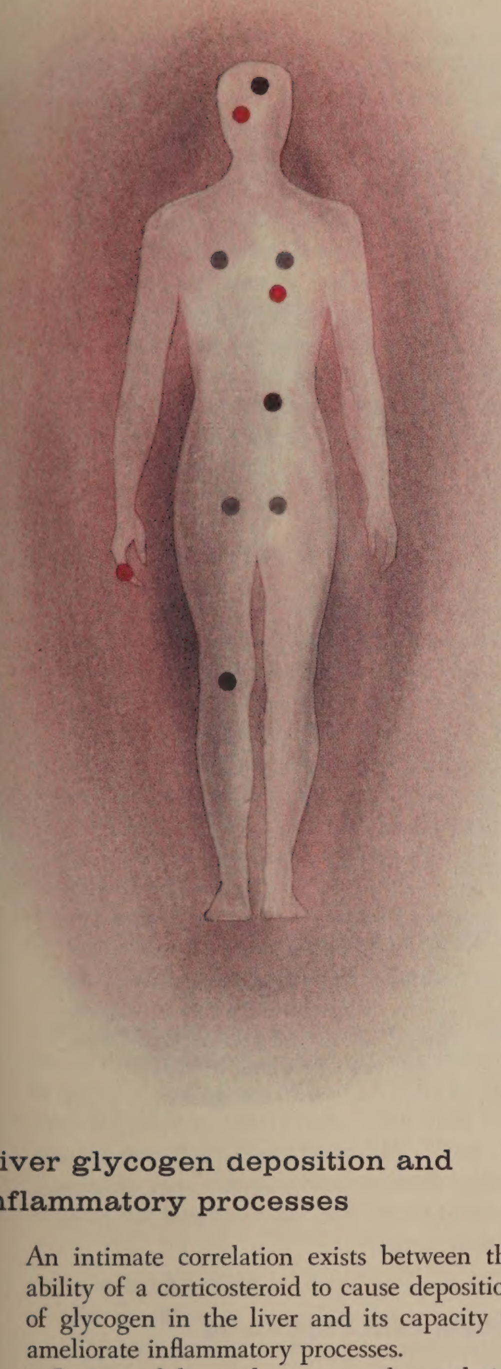
Calcium and phosphorus

Phosphate excretion in animals[1] was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies[3] demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only during a short period.

Protein and nitrogen balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.[3] At dosages two to three times normal levels, positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.[2,3]

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when ARISTOCORT was used in treating the nephrotic syndrome.[8]



Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to ameliorate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.[1]

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet[1] and cottonball[9] tests. It was found to be nine to 10 times more effective than hydrocortisone in this respect.

Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experimental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection.[10] Clinical studies[11] of patients on ARISTOCORT revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known.[12] The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. In general, it appears to maintain psychic equilibrium without producing cerebral stimulation or depression.

Bibliography

1. Experimental Therapeutics Section, Lederle Laboratories. To be published. 2. Bunim, J. J., Whedon, G., and Black, R. L.: Personal Communication. 3. Hellman, L., Zumoff, B., Schwartz, M. K., Gallagher, T. F., Berntsen, C. A., and Freyberg, R. H.: Antirheumatic and Metabolic Effects of a New Synthetic Steroid, paper quoted in Bull. Rheumat. Dis. 7: 130, 1957. 4. Spies, T. D.: South. M. J. *50*: 216, (Feb.) 1957. 5. Freyberg, R. H.: Personal Communication. 6. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at the International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 7. Hartung, E. F.: To be published. 8. Hellman, L., Zumoff, B., Kretschmer, N. and Kramer, B.: Personal Communication. 9. Dorfman, R. I., and Dorfman, A. S.: Personal Communication. 10. Gray, S. J., Ramsey, C. G., Villarreal, R., and Krakauer, L. J.: Edited by H. Selye and G. Heuser in: Fifth Annual Report on Stress, 1955-56. M.D. Publications, Inc., New York, 1956, p. 138. 11. Dubois, E. L.: Personal Communication. 12. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957.

The Promise of Aristocort in Reduction of Side Effects

It is axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer used.

It has also become well recognized that the most serious of the major side effects from long-term corticosteroid treatment are peptic ulcers, osteoporosis with fracture, drug psychosis and euphoria, and sodium and water retention leading often to general tissue edema and hypertension.

It is significant that of the close to 400 patients on the lower dosage schedules found effective in bronchial asthma and dermatologic conditions, only 1 case of peptic ulceration has developed. No other of the above side effects have been observed even though ARISTOCORT was administered continuously to them for periods as long as one year.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are reported below.

Peptic Ulcer

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (2 of the 3 occurred in patients transferred from prednisone). In the remaining 532 cases recently analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when he was changed from another steroid.

Osteoporosis and Compression Fractures

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is 0.33 per cent (1 case[1]). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

Euphoria and Psychosis

The euphoria so commonly produced by all previous corticosteroids has seemed a most desirable attribute to patients. In penalty, however, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,[2] and toxic syndromes producing even convulsions and death.[3]

Since the onset of these complications is not directly related to duration of steroid administration,[4] the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

Sodium Retention—Hypertension—Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema.[5] Sodium and water retention, hypokalemia or hyperkalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT.[1,6]

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated.[7,8] Except in rare instances, or when unusually high doses are used (e.g., leukemia), the problem of edema and hypertension caused by sodium and water retention, has been eliminated with ARISTOCORT.

Minor Side Effects

Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids.[1] These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described as occurring with corticosteroid therapy, e.g., headaches, lightheadedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on ARISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis,[9] 70 per cent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. A general recommendation can be made that ARISTOCORT be used in doses two-thirds that of prednisone or prednisolone in the treatment of rheumatoid arthritis. There are individual variations, however, and each patient should be carefully titrated to produce the desired amount of disease suppression.

Comparative studies, of patients changed from prednisone, indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),[5] and in inflammatory and allergic skin diseases (33-50 per cent).[10,11]

General Precautions and Contraindications

Administration of ARISTOCORT has resulted in lower incidence of major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

No precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

Since ARISTOCORT has less of the traditional side effects, the appearance of sodium and water retention, potassium depletion, or steroid hypertension cannot be used as signs of overdosage. As a rule patients will lose some weight during the first few days of treatment as a result of urinary output, but then the weight levels off.

Patients do not develop the abnormally voracious appetite common to previous corticosteroid administration. In fact, some patients experienced anorexia, and it is advisable to inform patients of this and to recommend they maintain a normal intake of food, with emphasis on liberal protein intake.

While precipitation of diabetes, peptic ulcer, osteoporosis, and psychosis can be expected to appear rarely from ARISTOCORT, they must be searched for periodically in patients on long-term steroid therapy.

Traditional precautions should be observed in gradually discontinuing therapy, in meeting the increased stress of operation, injury and shock, and in the development of intercurrent infection.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. *The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.*

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Bunim, J. J.: Bull. New York Acad. Med. 33:461, 1957. 3. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957. 4. Goolker, P., and Schein, J.: Psychosom. Med. *15*:589, 1953. 5. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 6. Hartung, E. F.: Personal Communication. 7. Schroeder, H. A.: J.A.M.A. *162*:1362, 1956. 8. Thorn, G. W., Laidlaw, J. C., and Goldfein, A.: Ciba Found. Coll. on Endocrinology, J. & A. Churchill, Ltd., London, 8:343, 1955. 9. Freeman, H., Bachrach, S., McGilpin, H. H., and Dorfman, R. I.: Personal Communication. 10. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A. *165*:1821, 1957. 11. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.

Lederle

The Promise of Aristocort in Rheumatoid Arthritis

ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

Significant is the fact that most patients were *severe* arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of collateral hormonal effects had made discontinuance desirable.

Results of treatment

Freyberg and associates[1] treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation in this study: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. *In six patients, the ulcers healed while on doses of* ARISTOCORT *sufficient to control arthritic symptoms.*

Hartung[2] treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

Dosage and course of therapy

The initial dosage range recommended is 14 to 20 mg. per day—depending on the severity and acuteness of signs and symptoms. Dosage is divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This dosage schedule should be continued for two or three days, or until all acute manifestations of the disease have subsided, whichever is later.

The maintenance level is arrived at by reduction of the total daily dosage in decrements of 2 mg. every three days. The range of maintenance therapy has been found to be from 2 mg. to 15 mg. per day—with only a very occasional patient requiring as much as 20 mg. per day. Patients requiring more than this should not be long continued on steroid therapy.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out the required activities of normal living or to obtain reasonable comfort. The maintenance dose of ARISTOCORT to achieve this end is arrived at while making full use of all other established methods of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Hartung, E. F.: Paper presented at Florida Academy of General Practice, St. Petersburg, Florida, Nov. 2, 1957.

Lederle

The Promise of Aristocort in Respiratory Allergies

About 200 patients with respiratory allergies have been treated with ARISTOCORT *for continuous periods up to eight months.*

Results of treatment

Sherwood and Cooke[1, 2] gave ARISTOCORT to 42 patients with bronchial asthma and allergic rhinitis. Average dose needed to control the asthmatic group was approximately 6 mg. per day (range, 2 to 14 mg.). Results, which were called "good to excellent" in all but four, were achieved on one-third less than similarly effective doses of prednisone or prednisolone.

The investigators noted other major improvements in ARISTOCORT therapy over the older steroids. There was no increase in blood pressure in any patient: *on the contrary, in 12 patients, there was reduction of pressure when they were transferred to* ARISTOCORT. One patient had required auxiliary antihypertensive drug therapy; over a nine-week period on ARISTOCORT, the pressure gradually fell from 206/100 to 136/79. In another case, the pressure slowly dropped from 205/105 to 154/86.

The number of cases in which these investigators tried ARISTOCORT in allergic rhinitis was not large enough to provide significant averages. However, the range of effective therapy was from 2 to 6 mg. per day. These strikingly low daily doses resulted in control of all signs and symptoms.

Schwartz[3] treated 30 patients with chronic, intractable bronchial asthma. At an average daily dose of 7 mg., he reported "good to excellent" results in all but one. Spies,[4] Barach[5] and Segal,[6] reported similar results at average daily maintenance doses of 4 to 10 mg. of ARISTOCORT.

Dosage and course of therapy

The initial dosage range recommended is 8 to 14 mg. of ARISTOCORT daily. Although a rare, very severe case may require more than this on the first day of therapy, these dosages will usually result in prompt alleviation of dyspnea, wheezing and cyanosis. Patients are soon able to carry out a normal span of daily activity.

The maintenance level is arrived at by reduction of the total daily dose every three days in decrements of 2 mg.; in the over-all series, the average daily dose for bronchial asthma is approximately 8 to 10 mg. and for allergic rhinitis, 2 to 6 mg. per day. All total daily doses should be divided into four parts and given with meals and at bedtime. As in every condition where corticosteroids are employed, each patient's treatment should be individualized and the maintenance arrived at by careful titration against signs and symptoms of disease.

Patients with chronic bronchial asthma may require steroid therapy for several months. And since asthma may be associated with cardiac disease, especially in the older age groups, ARISTOCORT is particularly useful because of its ability to cause excretion of sodium and water.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Schwartz, E.: Personal Communication. 4. Spies, T. D.: Personal Communication. 5. Barach, A. L.: Personal Communication. 6. Segal, M. S.: Personal Communication.

Lederle

The Promise of Aristocort

in Nephrotic Syndrome

Fourteen patients with the nephrotic syndrome have been treated with ARISTOCORT *for continuous periods of up to six weeks.*

Results of treatment

Hellman and associates[1,2] noted that ARISTOCORT, because of its favorable electrolyte effects, may well be the most desirable steroid to date in treatment of the nephrotic syndrome. However, thus far its use has been reported in only 14 children, of whom 8 had a complete diuresis and disappearance of all abnormal chemical findings. Four of the patients had diuresis, but continued to show some abnormal chemical findings, while two patients with signs of chronic renal disease failed to respond.

Dosage and course of therapy

In order to produce maximal response, 20 mg. should be given daily until diuresis occurs. The dose should then be decreased gradually and maintained around 10 mg. a day. After the patient has been in remission for some time, it may be advisable to diminish the dose gradually and discontinue ARISTOCORT.

in Pulmonary Emphysema and Fibrosis

Eleven patients with pulmonary emphysema and/or fibrosis were treated with ARISTOCORT *for continuous periods of over two months.*

Results of treatment

Only small series of cases observed by Barach,[3] Segal,[4] and Cooke,[5] are available. Barach treated patients who were not adequately controlled by prednisone, with the same dose of ARISTOCORT with significant improvement.

Dosage and course of therapy

The initial suppressive dose range recommended is 10-14 mg. daily. Frequently, there is a prompt decrease in cyanosis and dyspnea, with increase in vital capacity.

The average maintenance dose level was 8 mg. a day. If it is desired to maintain a patient on continuous therapy for some months, dosages as low as 2 mg. a day have been successful. All decreases in dosage should be gradual and at a rate of 2 mg. decrements in total daily amount, every two to four days. The daily dosage is divided into four parts and given with meals and at bedtime.

in Neoplastic Diseases

Forty-four children and adults have been given ARISTOCORT *for palliative treatment of acute leukemia, chronic lymphatic leukemia, lymphosarcoma, lympholeukosarcoma and Hodgkin's disease.*

Results of treatment

Farber[6] has treated 22 children with acute leukemia for an average of three weeks. Of the 17 observed long enough to judge the efficacy of the medication, he rated five as excellent, three as good, two as fair and seven as poor responses.

Hellman and associates[7] gave ARISTOCORT to a group of patients with the various lymphomas in doses of 40 to 50 mg. a day—occasionally up to 100 milligrams. Treatment was continued in some cases for 17 weeks. Response was classified as good for the palliative purposes for which the drug was given.

Dosage and course of therapy

Massive initial suppressive doses of 40 to 50 mg. per day in children (1 mg./kg./day) and up to 100 mg. a day in adults have been administered.

Responses to any specific dosage in these conditions vary so widely that only a general dosage range can be indicated. Treatment must be individualized; rate of reduction in dosage and determination of maintenance levels cannot be categorized.

Miscellaneous

Patients with various other diseases have been treated by several clinical investigators. These include patients with osteoarthritis, acute bursitis, rheumatic fever, spondylitis, other "collagen-vascular" diseases (dermatomyositis, etc.), thrombocytopenic purpura, chronic eosinophilia, hemolytic anemia, diuretic-resistant congestive heart failures, and adrenogenital syndrome.

There have not been sufficient patients in any of the above categories to permit definitive treatment schedules to be finally established for ARISTOCORT. Additional studies are now in progress and physicians desiring information on any of these diseases are requested to write to Lederle Laboratories, Pearl River, New York for available data.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Presented at Nephrosis Conf., Bethesda, Md., Oct. 26, 1957. 2. Ibid: Personal Communication. 3. Barach, A. L: Personal Communication. 4. Segal, M. S.: Personal Communication. 5. Cooke, R. A.: Personal Communication. 6. Farber, S.: Personal Communication. 7. Hellman, L., Diamond, H. D., Ellison, R., Jaslowitz, B., Murphy, M. L., Tan, C. and Zumoff, B.: Personal Communication.

Lederle

The Promise of Aristocort

in Inflammatory and Allergic Skin Diseases

Over 200 patients with allergic and inflammatory skin diseases (including psoriasis, atopic dermatitis, exfoliative dermatitis, pemphigus, dermatitis herpetiformis, eczematoid dermatitis, contact dermatitis and angioneurotic edema) have been treated continuously with ARISTOCORT *for periods of up to eight months.*

Results of treatment

Rein and associates[1] treated 26 patients with severe dermatitis. Twenty-four had been on prednisone when changed to ARISTOCORT. While some had found satisfactory symptomatic relief, others had also developed side effects—moon face, buffalo hump, increased appetite with excessive weight increases and gastro-intestinal disturbances.

These investigators determined the equivalent dosage of ARISTOCORT to be approximately two-thirds that required to control symptoms on the previous corticosteroid. Thirteen of the 26, who had developed moon face, noted either an actual decrease or no further increase when transferred to ARISTOCORT. In addition: *Voracious appetites disappeared, with loss of weight in 11 patients; there was no elevation in blood pressure, and no necessity to restrict sodium or administer supplemental potassium.* Sherwood and Cooke,[2] and Shelley and Pillsbury[3] obtained similar results in allied disorders.

Hollander[4] first observed that ARISTOCORT appears to have striking affinity for the skin and great activity in controlling such diseases as psoriasis, for which other corticosteroids have been indifferently effective. Shelley and Pillsbury,[3] in 50 cases of acute extending psoriasis found that over 60 per cent were markedly improved.

Dosage and course of therapy

The recommended initial suppressive dose range is 14 to 20 mg. per day. In very severe cases, temporary dosages up to 32 mg. a day have been successfully employed. Once lesions are suppressed, gradually reduce dose to the maintenance level—which may be as low as 2 mg. per day.

Bibliography

1. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A., 165:1821, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Shelley, W. B., and Pillsbury, D. M.: Personal Communication. 4. Hollander, J. L.: Discussion of Paper by Black, R. L., presented at International Congress on Rheumatic Diseases, Toronto, June 28, 1957.

in Disseminated Lupus Erythematosus

Forty patients with disseminated lupus erythematosus were treated with ARISTOCORT *for continuous periods of up to nine months.*

Results of treatment

Patients have responded very promisingly to therapy. Dubois[1] has had the largest single experience (28 cases) with ARISTOCORT in the treatment of this disease. He reported 25 of the 28 responded favorably.

Freyberg,[2] Hartung,[3] Hollander,[4] Spies,[5] and Segal,[6] each in smaller series of cases, reported similarly good therapeutic responses.

Dosage and course of therapy

The initial suppressive dose recommended is 20-30 mg. daily. Once the desired effect is achieved, the dose should be reduced gradually to maintenance levels (3 to 18 mg. per day).

In severely ill patients large doses may be required for several days in order to preserve life. Even on these large doses, edema and sodium retention have not occurred.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Dubois, E. L.: Personal Communication. 2. Freyberg, R. H.: Personal Communication. 3. Hartung, E. F.: Personal Communication. 4. Hollander, J. L.: Personal Communication. 5. Spies, T. D.: Personal Communication. 6. Segal, M. S.: Personal Communication.

Lederle

MATERNAL HEALTH IN OHIO

TOPIC THIS MONTH:

Maternal Deaths* Involving Amniotic Fluid Embolism

Case No. 165

This patient was a 22 year old, white, gravida III, Para II, 30 weeks' gestation, dead on arrival at the hospital, undelivered.

Her previous obstetrical history revealed a toxemia with her first pregnancy, delivered at term. The second pregnancy was uneventful, delivered spontaneously at term. In the last pregnancy she registered with her physician two days before her death. A complete physical examination revealed normal findings with an intrauterine pregnancy approximately 7½ months' gestation.

On June 20, shortly after the patient arose in the morning (of her death), she suddenly collapsed at home, was rushed to the hospital, and was pronounced dead on arrival. An autopsy was done by the coroner.

Pathological Diagnosis: Pulmonary infarction; amniotic fluid embolus; infarct of the placenta; pregnancy uterine, dead fetus 1430 grams. (Amniotic sac previously ruptured.)

Comment

The Committee studied this case with more than considerable interest, especially since a report of the microscopic examination of the lungs revealed "Some of the arteries of the lung, as well as the capillaries, show presence of . . . a large irregular cell occluding the lumen, which closely resembles a decidual cell of the placenta." There was no history of labor or convulsions (such as were reported in Case No. 132, *Ohio State M. J.*, 53:419, April, 1957). By unanimous vote this case was classified a nonpreventable maternal death.

Case No. 176

This patient was a 30 year old, white, Para V, who died three hours postpartum. Her past history, including pregnancies, was not remarkable. She registered in her fourth month with a last menstrual period September 3, and had eight prenatal visits, with an uneventful course.

On June 13 (at term) her membranes ruptured spontaneously at home and she was promptly admitted to the hospital at 3:45 a.m. After eight hours of light, ineffectual labor x-ray pelvimetry revealed no disproportion, with the presenting head not engaged. Consultation was obtained, recommending cesarean section if a trial of labor was unsuccessful. Ultimately the patient was scheduled for surgery, but she suddenly went into vigorous labor and had a precipitous delivery on the operating table at 5:35 p.m. June 14, of a 6 pound, 7½ ounce living baby. The infant required resuscitation, after which its condition remained satisfactory.

At 6:00 p.m. the patient was returned to her bed; an hour later she was found in a pool of blood and was in shock. Plasma was given, followed by 1,000 cc. of blood under pressure at 8:00 p.m. The patient's condition deteriorated rapidly and she died at 8:25 p.m.

Blood drawn for type and cross-match did not clot! Permission for autopsy was obtained.

Cause of Death: Hemorrhage, postpartum; amniotic fluid embolism; pregnancy at term delivered.

Pathological Diagnosis: Amniotic fluid emboli of lungs (fragments resembling keratotic vernix cells); bronchopneumonia; acute inflammation of decidua (uterus).

Comment

The Committee noted that this case was more characteristic of the pattern followed by this lethal syndrome, including the coincidental afibrinogenemia. Data in the case are not available in detail, but when blood was drawn from the patient and it was observed not to coagulate, fibrinogen should have been administered at once, in addition to plasma. Further, after precipitous delivery the fundus and blood pressure should have been watched constantly for at least an hour. By a narrow majority, the Committee voted this a nonpreventable maternal death.

Comment of Consultant

The following comment of a consultant who is a specialist in pathology, was given at the request of the Committee.

Maternal collapse occurring during labor or shortly after delivery with symptoms of chilliness, restlessness, anxiety, dyspnea, cyanosis, shock, and death plus the autopsy demonstration of amniotic fluid elements (squame, mucus, lanugo hair) in blood from the right heart or sections of pulmonary vessels has been ascribed to amniotic fluid infusion. It is a catastrophic, shocking, dumbfounding ac-

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

cident and one in which a set of circumstances for successful therapy can scarcely be imagined. The nature of the tragedy and mechanism of death have yet to be completely elucidated, but anaphylactoid shock, widespread intravascular clotting and plugging of pulmonary vessels by particulate material are mentioned.

Clinically the patient is usually an elderly multipara with a large baby who has a violent labor with strong uterine contractions and possibly premature placental separation although the latter may not be evident. It is reasonable that there must be a communication between the amniotic cavity and uterine sinusoids with sufficiently hard contractions to force amniotic fluid into the maternal circulation. Under these circumstances it is easy to imagine all degrees of amniotic fluid infusion from minimal to lethal doses.

Should the patient survive the initial shock phase, the blood may be observably incoagulable and marked hemorrhagic tendencies may quickly develop. This may possibly be explained on the basis of depletion of the baby's store of fibrinogen by the thromboplastic action of amniotic fluid plus meconium and extracts of decidual tissue which are notably rich in thromboplastin. The fibrin deposits are sometimes intravascular or possibly found in excessive amounts on a prematurely separated placenta. Similar hypofibrinogenemia has been observed when there is prolonged, intrauterine retention of a dead fetus[1] and in the newborn.[2]

The hypofibrinogenemia is suspected by the bleeding tendencies or the incoagulability of blood in a test tube, and may be confirmed by fibrinogen determination. Under these circumstances, the administration of fibrinogen up to complete replacement (6 to 8 grams) is the logical therapy.

Fortunately lethal amniotic fluid infusion is a rare cause of maternal mortality and therapy is difficult. I would quite agree with the Committee classifying **Case No. 165** as nonpreventable, but would probably vote with the minority on **Case No. 176** on the basis that the patient should have been watched more closely for the one hour and twenty-five minutes postpartum and should possibly have had intravenous fibrinogen when the blood was found to be incoagulable. However, I must admit, the outcome might have been the same.

References

1. Stauffer, J. G.: Am. J. Obst. & Gyn., 75:407, Feb., 1958.
2. Boyd, J. P.: Surg., Gynec. & Obst., 106:176, Feb., 1958.

Severe neurologic complications are uncommon in infectious mononucleosis. The cases reported have included meningitis, encephalitis, Guillain-Barre syndrome.—*Illinois M. J.*, 113:94, 1958.

Franklin County Pelvic Cancer Delay Committee Report

By John H. Holzaepfel, M. D.
Columbus, Ohio, Chairman

Case No. 55. This is a 49 year old white female who at age 39, ten years ago, had onset of vaginal bleeding. Approximately five years after the onset of this bleeding she consulted a physician. Endometrial carcinoma was found. Therapy was given by radium in tandem. She was to have a follow-up hysterectomy. The patient, however, states that she felt well after this and had no further bleeding and did not submit to the operation. She is admitted to the hospital at this time with a history of prolonged vaginal bleeding. Physical condition to date has prohibited dilatation and curettage.

Impression: Terminal endometrial carcinoma.

Comments: Patient delay five years before treatment instituted, then patient un-co-operative in carrying out the definitive surgery indicated. There is a great need for education and persistent patience in a patient like this.

Case No. 56. This is an 81 year old white female. Normal menopause at age 50. Began bleeding 12 months ago. In the past year she had had several episodes of vaginal bleeding. She has been treated for the past four years by her family physician for hypertension and was told by him six months ago that her bleeding was due to high blood pressure. She was examined by her physician one month ago and immediately referred to a Cancer Clinic for further treatment. She has a biopsy diagnosis of squamous cell carcinoma of the cervix.

Comments: Physician delay, four years. When under treatment the patient's symptoms of vaginal bleeding should have alerted this physician to the potential hazard of malignancy. Hypertension is not a cause of vaginal bleeding.

Case No. 57. This is a 51 year old white female who had a subtotal hysterectomy nine years ago. She began having vaginal bleeding for the first time since the operation two years ago and had another abdominal operation the exact status not known. She did have radium therapy applied centrally subsequent to surgery. Two months ago she began having back pain.

Pelvic examination reveals tumor tissue at vaginal apex. Rectal examination reveals a 5 to 6 cm. mass encroaching on the anterior rectal wall extending to the pelvic wall.

She received external radiation therapy to tolerance.

Comments: Unfortunately we have yet to see the end of the long line of individuals who will appear with carcinoma of the cervical stump.

Impression: Inadequate surgical approach nine years ago.

Bacterial Infections in Situations Of Altered Host Resistance

It is probable that certain bacteria, which commonly live quietly within us will continue to produce active disease in situations of reduced host resistance. Information about the precise biologic and biochemical defects which characterize increased susceptibility to infection may offer a new approach to the human infections which are currently causing therapeutic difficulties.—David E. Rogers, M. D., New York: *Connecticut M. J.*, 22:1-10, January, 1958.

A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M. D., ***President***

Presented by

- **Edwin H. Ellison, M. D., Columbus, and**
- **Emmerich von Haam, M. D., Columbus.**

Edited by Dr. von Haam.

Presentation of Case

THIS 71 year old white female was admitted to the University Hospital, Columbus, Ohio, because of splenomegaly first noticed three years prior to admission, and abdominal distention first noticed one year prior to admission. Thirty years ago, after a four-year history of bouts of nausea, vomiting and epigastric pain related to the ingestion of egg-containing food she had a cholecystostomy with removal of stones and bile drainage. Approximately one week postoperatively she developed jaundice which lasted for about one week and never recurred. Her preoperative symptoms disappeared completely but for about three months postoperatively she remained quite ill.

The patient then improved and had no specific acute or chronic illness until three years ago, when she gradually developed abdominal discomfort, shortness of breath and swelling of her ankles. Her physician found an enlarged spleen and anemia and put her on iron therapy. This treatment was apparently continued until one year ago, when she was admitted to her local hospital with weakness, rather severe shortness of breath, retention of urine and left flank pain which was thought to be a renal colic. She received 6 units of blood and improved markedly, particularly with regard to her abdominal distention. She was put on a low-sodium, low-calorie diet, lost 47 pounds over the following eight months, and felt better than she had for a long time.

A few months ago her dyspnea gradually returned and slowly progressed, culminating in an acute episode of dyspnea with tachycardia and palpitations three weeks ago. The dyspnea was felt as a sensation of oppression, was relieved by rest and was not accompanied by pain. Following this episode the patient began to notice the return of her abdominal distention, which persisted in spite of transfusion with 5 units of blood. She was then transferred to the Ohio State University Hospital for further evaluation.

Previous illnesses included mumps, measles and chickenpox in childhood. An umbilical hernia developed after the birth of her seventh baby and became progressively larger. She developed cataracts over the past 15 years. She had a lifelong history of frequent mild epistaxis, and many sore throats until quinsy 20 years ago. Her father died at the age of 69 of heart trouble; a son died from rheumatic heart disease.

Physical Examination

The patient was an elderly, rather poorly nourished white female appearing chronically ill. Her temperature was 98.6°F., pulse 68, respirations 22, blood pressure 186 over 66. The lungs showed bilateral basal dullness with numerous moist crackling rales over both bases. There was marked abdominal enlargement with signs of ascites, and a large mass considered to be spleen occupied the left upper abdominal quadrant and extended to the iliac crest. There was also a huge ventral hernia containing bowel. The liver was not palpable. The heart was apparently not enlarged and showed a grade 2 apical systolic murmur. There was 3 plus pitting edema of both legs up to the groins and 1 to 2 plus sacral edema. The lymph nodes were not remarkable.

Laboratory Tests

Her hemoglobin was 12.5 Gm., reticulocytes 1.2 per cent, the total white count 2,150 with 80 per cent polymorphonuclear leukocytes, 10 per cent small lymphocytes and 5 per cent monocytes. Her platelets numbered 253,440. Bone marrow aspiration showed a very cellular marrow with normal megakaryocytes and a normal myeloid: erythroid ratio; no abnormal cells were seen. The urine contained 15 mg. of protein; the sediment was loaded with white blood cells and contained 1 to 4 red blood cells per high power field and many bacteria.

The blood urea nitrogen was 19 mg.; the blood sugar 100 mg.; the prothrombin activity 56.5 per cent; the total plasma protein was 7 Gm. with 3.9 Gm. of albumin and 3.1 Gm. of globulin; the thymol turbidity was 10; cephalin flocculation reaction was 1 plus; the blood cholesterol was 150 mg. with 76 per cent esters; the alkaline phosphatase was 3.7 and 2.7 units; inorganic phosphorus was 4.7 and 4.0 mg. She had 5 per cent retention of bromsulphalein; the van den Bergh reaction was 0.2 mg. direct, and 0.4 mg. indirect. The stool guaiac test was negative. Serology was negative. Her electrocardiogram was unremarkable.

Roentgenographic Studies

The cholecystogram showed a non-concentrating gallbladder with small stones. Her chest x-ray gave evidence of adhesions in the right costophrenic area but no evidence of active lung or heart disease. The gastrointestinal series showed esophageal varices, a traction diverticulum, ascites, and probably renal calculi at the upper pole of the right kidney. Intravenous pyelogram showed good kidney excretion, probable calcification of mesenteric vessels, irregular calcification in the right kidney and probable stones in the left kidney. The splenoportogram showed marked enlargement of the gastric and coronary veins with esophageal varices.

Hospital Course

On the first hospital day 500 cc. of bloody ascitic fluid were aspirated; the fluid was sterile on culture and negative for malignant cells. On the seventh hospital day a splenectomy was performed but a shunt procedure was deemed inadvisable. The superior mesenteric vein pressure after ligation of the splenic artery was 230 to 250 mm. of water and the coronary vein pressure after splenectomy was 120. The spleen weighed 1,000 grams. The liver appeared normal and biopsy was reported as showing no cirrhosis. The hernia was repaired.

The immediate postoperative state was good. On the second postoperative day the patient passed tarry guaiac-positive stools and was running a low-grade fever. She showed signs of returning ascites. On the eighth postoperative day she had more tarry stools, her systolic blood pressure dropped from 180 to 120, and her hemoglobin fell from 12.1 to 7.5 Gm. in six hours. Her prothrombin was 52 per cent, and her blood urea nitrogen had risen to 85 mg. An esophageal tube was passed to control what appeared to be bleeding varices, and after several units of blood her general condition improved.

On the eleventh postoperative day she suffered another hypotensive episode with bloody drainage from her esophageal tube and liquid tarry stools. She was treated with blood and one unit of fibrinogen. Stool cultures grew a heavy growth of *Staphylococcus aureus,* and her total white count went to 34,000. Her course suddenly went rapidly downhill. The next day her pulse was 150, her extremities were cold and clammy, and she complained of diffuse abdominal pain. Moderate distention was seen; bowel sounds were absent except in the epigastrium. At this stage 100 cc. of bloody fecal fluid were aspirated from the peritoneal cavity. Despite treatment with blood transfusions, intravenous albumin, Neo-Synephrine®, calcium chloride and Chloromycetin® the patient failed to improve and died the following day.

Clinical Discussion

Dr. Ellison: Our patient had the usual childhood diseases, but her life was not too much plagued with illness until she reached the age of 37, when she had attacks of epigastric pain, nausea and vomiting. This continued until the age of 41, when she fell into the hands of a surgeon who, recognizing the symptoms, took out her gallstones and left her gallbladder. A week later she had a short bout with jaundice, which I don't think means anything now as far as her immediate problem is concerned. She was not very well for a period of three months after the jaundice, which makes you wonder whether she did not have a hepatitis of some tpye, but I can't be sure.

The only thing of note in the next 30 years is the fact that at the age of 56 she developed cataracts which apparently became gradually worse and nothing was done about them. She also had developed an umbilical hernia which gradually enlarged over the years. At the age of 68 she complained of abdominal distention, shortness of breath and marked weakness. Her physicians blamed most of her problems on an enlarged spleen and on anemia and treated her with iron until finally, at the age of 70, she was hospitalized with left flank pain, urinary retention, edema and anemia. At the time they thought she probably had a kidney stone and suspected heart disease.

She was treated with 6 units of blood and a low-sodium, low-calorie diet. She lost a lot of weight and I think that is something we have to keep in mind. When patients go on a low-calorie diet and lose weight very easily, one must suspect a maliganancy somewhere. But she did fairly well apparently during this eight-month period until she again noted the onset of abdominal distention and shortness of breath. She had an attack of acute dyspnea with a feeling of oppression over the chest which lying down relieved. Medical men tell me that this can be a fooler. A fellow who is developing a coronary attack with

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BROAD THERAPY . . . The combined antibacterial effectiveness of neomycin and Sulfasuxidine is concentrated in the bowel since the absorption of both agents is negligible.

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mild symptomatology and lies down, usually gets worse rather than better. I did not realize that.

Let us see the things we want to remember from her life history: She still has her gallbladder, her ventral hernia, her enlarged spleen, anemia; has been treated for heart disease; renal calculi; weight loss. That is about what I get out of her past history. Her physical examination is helpful. They did not note that she had an enlarged heart. She had some crackling rales on both sides. She had ascites, a palpable spleen, apparently a normal liver, an umbilical hernia, sacral edema and edema of both legs. This should make us think of some sort of portal hypertension. With her weight loss and ascites you could think of malignancy. With her marked edema, both sacral and of her lower extremities, you have to start thinking of malnutrition.

Laboratory Data

She was not as anemic as everybody said. Her white count was low, and we can start thinking in terms of portal hypertension, enlarged spleen and chronic leukopenia. She apparently had no evidence of any other type of hypersplenism. The urinalysis tells us that she probably still had a chronic pyelonephritis, so we can add that to the list. Her liver profile to all intents and purposes was normal. That is sort of unusual when we are thinking in terms of portal hypertension, isn't it? Now we have to think that this portal hypertension must be extrahepatic and not intrahepatic. So the patient had a splenoportogram.

In a normal splenoportogram you don't see tributaries or collaterals. The splenic vein and portal vein are of normal size and the dye immediately goes into their branches and you see a normal liver.

Our patient showed dilated splenic vein with short gastric vessels branching off. It showed gastric varices and a huge coronary vein. It seems to me that I would interpret this as extrahepatic portal block appearing within the portal vein, and it could very well be a cavernous transformation of the portal vein which is the cause of her esophageal varices and probably the cause of her ultimate demise. Other things which became apparent from her x-ray studies are gallstones, which probably did not bother the patient at all, a large spleen, stones in the right kidney, calcification of the mesenteric vessels or possibly of the portal vein, and varices.

What is the typical symptomatology of an extrahepatic portal block? Ascites, which our patient had; varices which may or may not bleed and be the cause of chronic blood loss and anemia; secondary hypersplenism with leukopenia; edema of the legs; and most important of all, a normal liver function. If the patient has a ventral hernia, it has a tendency to get larger during a period of portal hypertension. I think that all this fits pretty well for our patient and probably explains most of the troubles she had been having.

A week later at surgical operation they apparently found an enlarged spleen and did a splenectomy. If you have a question as to where the obstruction is in your portal system your vein pressure measurements can help you. Normal pressure in all these veins should be less than 190 mm. of water. If you measure the superior mesenteric and it is elevated, your block has to be proximal to it.

About all we can say from the two measurements that are given is that we have confirmed the existence of portal hypertension and have presumably lowered it to normal levels by taking out the spleen. We know this to happen. The only trouble is that it stays normal for periods varying from one day up to nine months, and we can't predict how long it will stay normal. Apparently they were a little hesitant to do a shunt because of the risk to the patient, and probably also because the pressure fell to normal with the spleen out. They did fix the ventral hernia and took a biopsy specimen of the liver, which confirmed our diagnosis of extrahepatic portal block.

Nineteen Days Later She Died

She started to redevelop ascites. Portal hypertension is coming back up. She passed tarry stools. This could also mean an elevation in her portal tension and bleeding. She had a fever of unknown origin, so she was switched from Combiotic® to Chloromycetin. Nothing happened until her eighth postoperative day, when she had voluminous tarry stools and went into shock. Her hemoglobin went from 12.1 to 7 in a six-hour period, and her blood urea nitrogen went to 85. They also suspected that she was bleeding from her varices again and put an esophageal tube in her. This is the tube of death, as far as I can tell. They gave her transfusions, of course, to get her out of this.

On the eleventh day she had her second episode of shock with bleeding. They gave her blood again, and something that I object to—fibrinogen. Since she had a normal liver function, she could make all the fibrinogen she wanted, and the additional fibrinogen just might have caused a mesenteric thrombosis of her gut. They cultured her stool and got pure *Staphylococcus aureus.* So you have to think of staphylococcus enterocolitis. Very rightly she was switched to erythromycin.

On the fourteenth day her white count was

34,000. Dr. Zollinger always used to teach me that there is *one thing* that will cause a white count like this and that is thrombosis of a mesenteric vessel. So we have to think of that, and on the 17th day she had sudden abdominal pain. They tapped her and got bloody fecal material. Did she rupture a gut with the onset of pain? Possibly. Could she have ruptured a site of her gut thrombosed from the fibrinogen she had received? Perhaps. Two days later she died.

What do I think happened to her after surgery? Her elevated portal hypertension appeared again and she had two massive hemorrhages from her varices, and in addition, just to make things worse, she developed a staphylococcus enterocolitis. Several things could have happened from here. She may have ruptured a necrotic bowel and developed a fecal peritonitis. Or with the fibrinogen she received she may have developed a mesenteric thrombosis with infarction of the intestine.

Clinical Diagnosis

1. Cavernous thrombosis of portal vein with portal hypertension.
2. Status post-splenectomy and repair of ventral hernia.
3. Esophageal varicosities with hemorrhage.
4. Staphylococcic enterocolitis.
5. Recent mesenteric artery thrombosis with massive infarction of the intestine.
6. Chronic cholecystitis and cholelithiasis.
7. Bilateral pyelonephritis with nephrolithiasis.

Pathological Diagnosis

1. Phlebosclerosis of portal vein with old portal vein thrombosis.
2. Status post-splenectomy and repair of ventral hernia.
3. Esophageal varicosities with hemorrhage.
4. Recent thrombosis of mesenteric artery with massive infarction of the intestine.
5. Chronic cholecystitis.
6. Bilateral pyelonephritis with nephrolithiasis.

Pathological Discussion

Dr. von Haam: The body was that of an elderly white female weighing approximately 145 lbs. Her abdomen was distended and contained 3,000 cc. of hemorrhagic, cloudy fluid. The peritoneum was deep purple and covered with fibrinous adhesions. The small intestines were distended and showed a bluish black discoloration. The heart was slightly enlarged and firm. The lungs were partly collapsed and edematous. The spleen was absent.

The liver was small, weighing only 1200 grams, but was smooth and mottled. The wall of the portal vein was thickened and the lumen filled with a gray, laminated thrombus. The gallbladder was small and no gallstones were found. The pancreas was small and congested and the vessels contained thrombi. The superior mesenteric artery was completely occluded by a soft recent red thrombus. The esophagus showed distended varices and many small recent bleeding ulcers. The stomach was congested and contained no recent blood.

The small intestines and the ascending colon were deep purple and dilated. The wall showed many recent infarcted areas. The lumen contained dark hemorrhagic material. The adrenals were small. The right kidney was granular and the calyces contained four small stones. The left kidney contained numerous small cysts, a dilated pelvis and a double ureter. The abdominal aorta was severely arteriosclerotic. The sex organs and the urinary bladder appeared normal.

Microscopic Examination

Sections through the spleen removed by surgery showed typical adenofibrosis with hemolytic foci and clumps of white blood cells in the meshwork of the pulp. It was typical of secondary hypersplenism in congestive splenomegaly due to portal hypertension. Sections through the lung showed atelectasis and small recent thrombi in the smaller vessels. The liver showed extensive toxic necrosis recent in nature. The wall of the portal vein showed marked thickening with inflammation of the wall and laminated thrombi. Sections through the mesenteric artery showed a much more recent thrombus with platelet masses and well-preserved red cells. The wall of the affected intestines was extensively infarcted. Both kindneys showed a rather severe degree of pyelonephritis with concretions forming in the tubules.

In summary, we can say that the patient died from massive intestinal infarction due to thrombosis of the mesenteric artery. Dr. Ellison's suggestion that the fibrinogen administered to the patient in hemorrhagic shock may have been responsible for this terminal event is excellent and seems well supported by our findings. The patient's primary disease was due to an old portal vein thrombosis accompanying a chronic pylephlebitis with extrahepatogenous portal hypertension as suggested by our clinical discussant. I want to congratulate Dr. Ellison for his clear and concise discussion of this case and particularly for his day-by-day analysis of the events leading to the death of the patient, with which I am in hearty agreement. I feel certain that the unit of fibrinogen proved to be the "wrong medicine" for this patient.

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References: 1. Grieble, H. C. and Jackson, G. G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958. 2. Editorial *New England J. Med.* 258:48-49, 1958. 3. Jones, W. F., Jr. and Finland, M., Sulfamethoxypyridazine and Sulfachloropyridazine. *Ann. New York Acad. Sc.* 60:473-483, 1957.

*Reg. U. S. Pat. Off.

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Medical Society Officers Conference . . .

Presidents, Secretaries and Certain Committee Chairmen Attend Program In Columbus, March 2; Meet with Councilors and Other Officers of OSMA

COUNTY Medical Society officers responded well to the opportunity of getting together with their Councilors and other members of The Council on Sunday, March 2, in Columbus. The result was that 65 County Medical Societies were represented, with a total of 164 persons present.

Important sessions of the conference were those in which representatives of the various counties met with their respective Councilors to discuss local matters. An hour was devoted to these conferences and proved a good investment in time judging by the discussions that came out of them.

"Third-Party Medical Care Programs—Ethical and Legal Aspects." This hot problem was ably discussed by Dr. Charles L. Hudson, Cleveland, Past-President of the OSMA and chairman of the Association's Committee on Medical Services.

Dr. Hudson elaborated on the statement of The Council on this subject as published in the January issue of *The Journal* beginning on page 86. He also discussed the numerous conferences that have been held between representatives of the State Association and leaders of organizations that promote medical care programs in Ohio.

Panel of Secretaries

Five men who are right on the front lines in regard to this subject formed a panel and discussed "The Job of the County Medical Society Secretary."

Moderator of the panel was Dr. George N. Spears, Ironton, secretary of the Lawrence County Medical Society. Dr. Spears pointed out that the secretary is a prime force in the local organization, often carrying over his responsibilities from one year to the next.

Dr. Thomas D. Allison, Lima, secretary of the Academy of Medicine of Lima and Allen County, discussed the numerous tasks that fall to the secretary and the development of "ground rules" to meet and deal with situations as they arise.

Dr. John V. Emery, Willard, secretary of the

Principal Speakers Formed This Panel To Answer Questions

Speakers on the program who later formed this panel to answer questions from the audience are, left to right: **Mr. Charles S. Nelson,** Executive Secretary of OSMA; **Dr. George N. Spears,** Secretary of the Lawrence County Medical Society; **Dr. George A. Woodhouse,** OSMA President-Elect, who presided at the afternoon session; **Dr. Ernest B. Howard,** Assistant AMA General Manager; **Dr. Charles L. Hudson,** Past-President of the Association; and **Dr. Robert S. Martin,** OSMA President, who presided at the morning session.

General View of County Society Officers Get-Together

Part of the audience of more than 160 persons who attended the Conference of County Society Officers in Columbus. Sixty-five County Medical Societies were represented.

Huron County Medical Society, discussed qualifications of a secretary. Assuming a few years of practice to make him familiar with medical affairs, the number one qualification is a willingness to undertake the responsibilities, he declared.

Dr. Dale A. Hudson, Piqua, secretary of the Miami County Medical Society, reviewed the red book sent out by the OSMA Headquarters Office to all secretaries. Some of the items in this folder can be passed on to certain committee chairmen, Dr. Hudson said. Others may be ordered in sufficient quantities to be passed on to members. The compilation forms a ready reference for the secretary in convenient form.

Dr. Carl H. Laestar, Portsmouth, secretary of the Scioto County Medical Society, discussed the importance of a suitable meeting place and time. Such a place and time, he said, must take into consideration practice habits of members. He stressed the importance of a period in each meeting to discuss administrative problems. Even if the attendance is small, a brief discussion will give members an opportunity to air their views and give officers a consensus of opinion. He also emphasized the importance of a clear-cut distinction between staff matters and Society matters.

Medicine's Great Challenge

Guest speaker for the occasion was Dr. Ernest B. Howard, Chicago, assistant general manager of the American Medical Association. His talk was on "The Forand Bill—Medicine's Greatest Current Challenge." Dr. Howard stressed the need for a positive approach on the part of the medical profession to the health, welfare and medical needs of the public. We must show the public that we have a better way to promote the general welfare of the people, he stressed. Dr. Howard reminded his hearers that every inroad of the socialists in recent years has been through the Social Security program. If socialized medicine comes to America, he stated, it will come through Social Security. The provisions of the proposed Forand Bill were summarized in the January issue of *The Journal,* page 85.

Mr. Charles S. Nelson, Executive Secretary of the OSMA, stressed some of the more important events and projects which have been undertaken for 1958 in a talk entitled, "Things To Watch For."

Mr. Nelson re-emphasized the need for continuing close harmony between County Medical Societies and the OSMA. Some of the "things to watch for" include the early collection of dues (technically a physician is not a member of his component organization until his dues for the current year are paid); the coming Primary Election and General Election with close attention to qualifications of candidates.

Unable to be present as scheduled because of illness was Wayne E. Stichter, Toledo, legal counsel. Mr. Stichter had been scheduled to talk on the subject, "How County Medical Societies Can Avoid Legal Pitfalls."

Presiding at the morning sessions was Dr. Robert S. Martin, Zanesville, President of the OSMA, who welcomed County Society officers to the conference. Dr. George A. Woodhouse, Pleasant Hill, OSMA President-Elect, presided over the afternoon sessions.

The program was held at the Deshler-Hilton Hotel where luncheon was served. Final session of the conference was a discussion period during which questions submitted throughout the conference were replied to by a panel consisting of all those who had participated in the program.

Roster of Those Present

Those registered at the conference included the following:

OFFICERS AND COUNCILORS: Robert S. Martin, Zanesville, President; G. A. Woodhouse, Pleasant Hill, President-Elect; Richard L. Meiling, Columbus, Past-President; Geo. J. Hamwi, Columbus, Treasurer; First District Councilor, Frank H. Mayfield, Cincinnati; Second District, R. Dean Dooley, Dayton; Third District, James R. Jarvis, Van Wert; Fourth District, Paul F. Orr, Perrysburg; Fifth District, George W. Petznick, Shaker Heights; Sixth District, C. A. Gustafson, Youngstown; Seventh District, Robert E. Hopkins, Coshocton; Eighth District, William D. Monger, Lancaster; Ninth District, C. L. Pitcher, Portsmouth; Tenth District, Edwin H. Artman, Chillicothe; Eleventh District, H. T. Pease, Wadsworth.

FIRST DISTRICT: **Adams County**—Richard L. Woodyard, Manchester; **Brown County**—Donald L. Domer, Georgetown; Charles H. Maly, Sardinia; **Butler County**—John Perkins and Robert A. Tennant, Middletown; **Clermont County**—Carl A. Minning, Batavia; **Clinton County**—Robert Conard and Roy D. Goodwin, Wilmington; **Hamilton County**—J. Robert Hudson, Clyde S. Roof, and Mr. Edward F. Willenborg, all of Cincinnati; **Warren County**—D. Paul Ward, Pleasant Plain.

(Continued on Page 638)

County Medical Society Secretaries Tell What the Job Is

DESHLER HILTON

First-hand information on "The Job of the County Medical Society Secretary," was given by this panel. Secretaries of their respective Societies are, left to right: **Dr. John V. Emery**, Huron County; **Dr. Thomas D. Allison**, Allen County; **Dr. George N. Spears**, Lawrence County; **Dr. Carl H. Laestar**, Scioto County; **Dr. Dale A. Hudson**, Miami County.

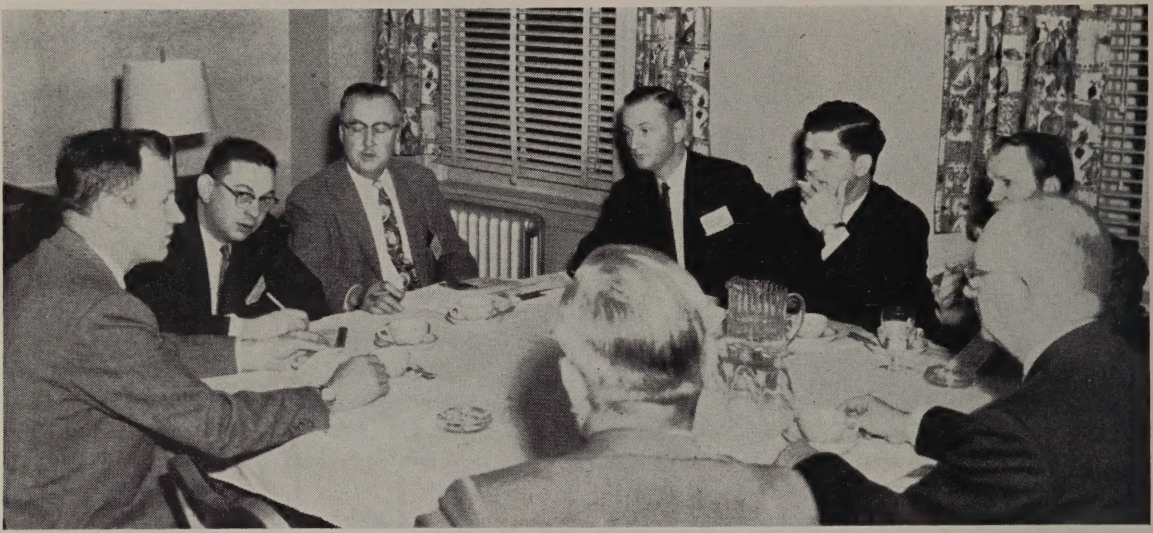
These Are Some of the Councilor District Conferences

Conference of First Councilor District. Presiding is **Dr. Frank H. Mayfield,** Cincinnati, Councilor (center, facing camera).

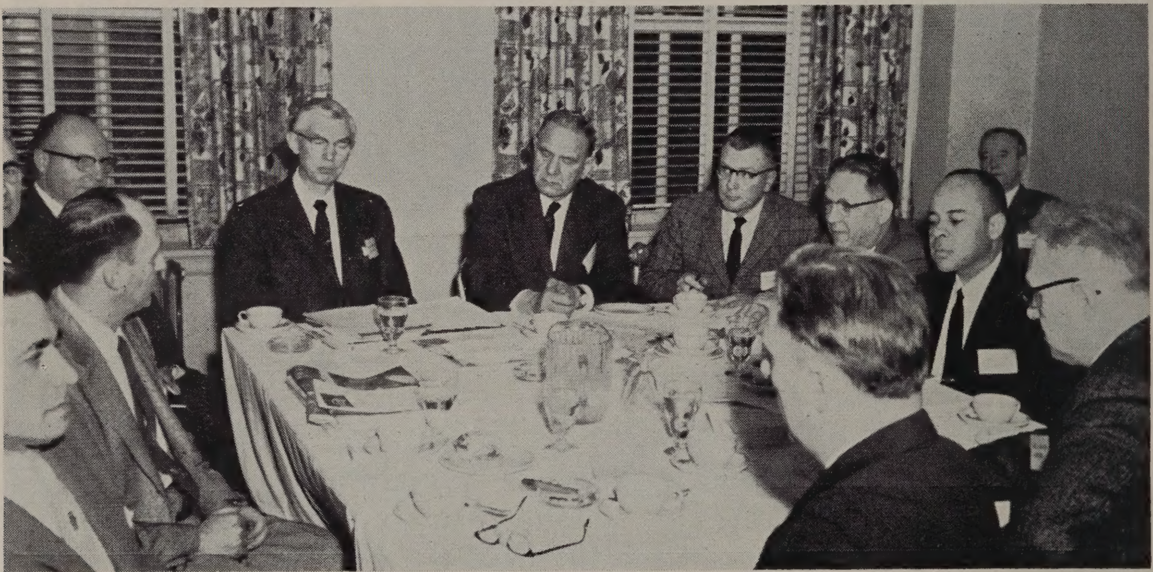
Second District Conference. Presiding, **Dr. R. Dean Dooley,** Dayton, Councilor (to left at head of table).

Third District Conference. Presiding, **Dr. James R. Jarvis,** Councilor, Van Wert, (facing camera with paper in hand).

More District Groups Get Together With Their Councilors



Fourth District Conference. Councilor, **Dr. Paul F. Orr,** Perrysburg, (third man from the left).



Fifth District Conference. Councilor, **Dr. George W. Petznick,** Cleveland, (left, facing camera).

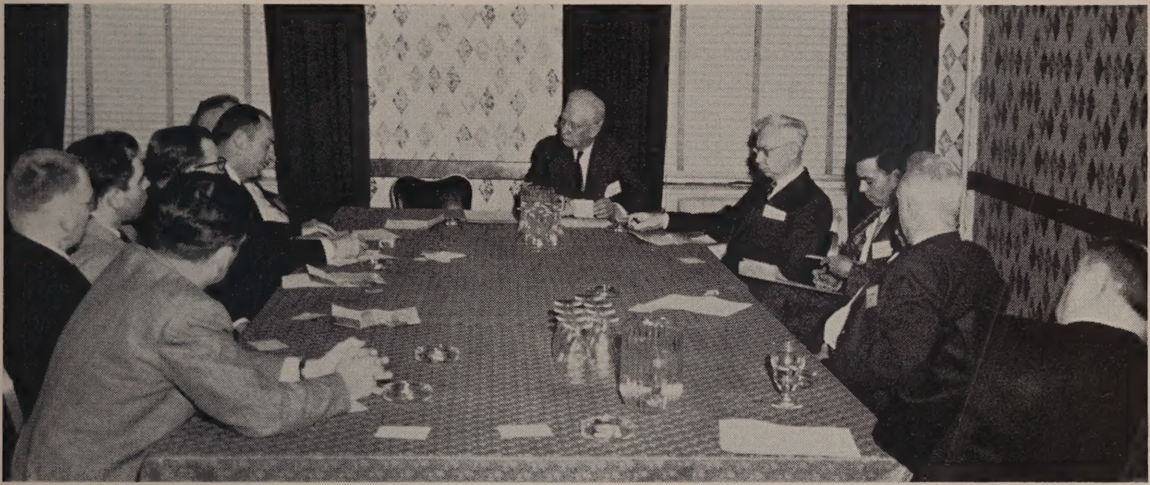
(Roster of Those Present—Cont'd)

SECOND DISTRICT: **Champaign County**—Isador Miller and John K. Pond, Urbana; **Clark County** — Martin J. Cook and E. W. Schilke, Springfield; **Darke County**—E. W. Arnold, New Madison; V. Ray Boli and Maurice Kane, Greenville; **Greene County**—Paul D. Espey and Benjamin F. Lee, Xenia; **Miami County**—Deane B. Armour, Bradford; Paul E. Foy, Troy; Dale A. Hudson, Piqua; **Montgomery County** — A. V. Black, Centerville; Lynne E. Baker, John R. Brown, Mr. Robert F. Freeman, T. L. Light, G. L. Parkin, James W. Priest, Sylvan L. Weinberg, all of Dayton; **Preble County**—E. P. Trittschuh, Lewisburg.

THIRD DISTRICT: **Allen County**—Thomas D. Allison, Roger L. Tecklenberg, W. E. Yingling, all of Lima; **Auglaize County**—E. Y. Kuffner, St. Marys; Michael Rabe, New Bremen; **Crawford County**—T. D. Sawyer, Crestline; **Hancock County** — Frank M. Wiseley, Findlay; **Hardin County**—Floyd M. Elliott, Ada; **Marion County**—Daniel Murphy, Marion; **Wyandot County**—

(Continued on Page 640)

Sixth, Seventh and Eighth District Conferences



Sixth District Conference. Councilor, **Dr. Carl A. Gustafson,** Youngstown, (at head of table).

Seventh District Conference. Councilor, **Dr. Robert E. Hopkins,** Coshocton, (at head of table).

Eighth District Conference. Councilor, **Dr. William D. Monger,** Lancaster, (center).

(Roster of Those Present—Cont'd)

R. L. Garster and Allen F. Murphy, Upper Sandusky.

FOURTH DISTRICT: **Henry County**—Thomas F. Tabler, Holgate; **Lucas County**—Henry D. Cook, Mr. Robert W. Elwell, Harvey Gunderson, all of Toledo; **Ottawa County**—Cyrus R. Wood, Port Clinton; **Putnam County**—James B. Overmier, Leipsic; **Sandusky County**—E. C. Swint, Fremont; **Wood County**—S. J. Smith, Bowling Green.

FIFTH DISTRICT: **Ashtabula County**—Walter J. Brown, Conneaut; Lewis H. Roth, Geneva; **Cuyahoga County**—John H. Budd, Eduard Eichner, Harry A. Haller, Charles L. Hudson, C. R. Jablonoski, Albert L. Jones, John A. Kenney, Jr., Thomas D. Kinney, Mr. Robert A. Lang, and Paul A. Mielcarek, all of Cleveland; **Geauga County**—Alton W. Behm, Chardon.

SIXTH DISTRICT: **Portage County**—R. P. McCormick, Ravenna; F. R. McKeehan and Don P. Van Dyke, Kent; **Stark County**—Gervis Brady and Mr. E. M. Sprunger, Canton; **Summit County**—Arthur Dobkin and Mr. S. H. Mountcastle, Akron; Harold E. Muller, Barberton; **Trumbull County**—Paul E. Noonan and Aubrey L. Sparks, Warren; Raymond H. Ralston, Niles.

SEVENTH DISTRICT: **Belmont County**—David Danenberg, Bridgeport; B. C. Diefenbach, Martins Ferry; **Carroll County**—Carl A. Lincke, Carrollton; **Coshocton County**—G. W. Stelzner, Coshocton; **Jefferson County**—C. F. Goll, Steubenville; **Tuscarawas County**—Jay W. Calhoon, Uhrichsville; J. W. Hamilton, Dover.

EIGHTH DISTRICT: **Athens County**—C. R. Hoskins, Athens; D. R. Johnson, Nelsonville; **Fairfield County**—A. B. Van Gundy, Lancaster; **Guernsey County**—H. D. Miller and Thomas D. Swan, Cambridge; **Licking County**—Kurt J. Fleisch, John E. Hendricks, and William J. Kennedy, all of Newark; **Muskingum County**—L. P. Cassady, East Fultonham; William A. Knapp, Zanesville; **Perry County**—O. D. Ball, New Lexington; Charles E. Bope, Somerset.

NINTH DISTRICT: **Gallia County**—Ralph B. Burner, Gallipolis; **Jackson County**—Brinton J. Allison, Oak Hill; **Lawrence County**—Harry Nenni, and George N. Spears, Ironton; **Pike County**—Paul Jones, Stockdale; **Scioto County**—Clyde M. Fitch and Carl H. Laestar, Portsmouth.

TENTH DISTRICT: **Delaware County**—Mary K. Kuhn, Ashley; **Franklin County**—Jonathan Forman, P. B. Hardymon, Martin P. Sayers, Thomas E. Shaffer, C. C. Sherburne, Mr. William Webb, Jr., and H. P. Worstell, all of Columbus; J. L. Henry, Grove City, **Knox County**—James C. McLarnan and Clinton W. Trott, Mount Vernon; **Pickaway County**—E. L. Montgomery and Frank R. Moore, Circleville; **Ross County**—Lewis W. Coppel, W. M. Garrett, Robert E. Quinn, and Robert E. Swank, all of Chillicothe; **Union County**—Fred Callaway, Marysville; Herman E. Karrer, Plain City.

ELEVENTH DISTRICT: **Ashland County**—Myron A. Shilling, Ashland; **Erie County**—W. E. Birmingham, Edward Gillette, Jr., D. R. Lehrer, and E. J. Meckstroth, all of Sandusky; **Holmes County**—O. F. Patterson, Millersburg; **Huron County**—John V. Emery, Willard; **Lorain County**—G. R. Wiseman, Amherst; L. C. Meredith and Ben V. Myers, Elyria; P. J. Kopsch and Denis Radefeld, Lorain; O. H. Schettler, Oberlin; **Medina County**—Edward A. Ernst and W. G. Halley, Lodi; N. J. M. Klotz, Wadsworth; **Richland County**—C. F. Curtiss, Bellville; Charles R. Keller and Harry Wain, Mansfield; **Wayne County**—James E. Robertson, Wooster.

OTHERS: Ernest B. Howard, Chicago, Illinois; Messrs. Nelson, Saville, Page, Moore, and Edgar of the OSMA executive staff; Mr. Charles H. Coghlan, OMI, Columbus.

Fort Steuben Academy Holds Programs

"Management of Common Dermatosis" was the subject for the March 11 dinner meeting of the Fort Steuben Academy of Medicine in Steubenville. Speakers were Dr. Harry M. Robinson, Jr., professor and head of the Division of Dermatology, University of Maryland School of Medicine, and Dr. Howard Phillips, medical staff, Ohio Valley Hospital, Wheeling, W. Va.

On April 8 the subject, "Osteoid Osteomas," was discussed by Dr. T. C. Thompson, surgeon-in-chief, Hospital of Special Surgery, New York City; and Dr. John Yobbagy, Department of Roentgenology, Gill Memorial Hospital, Steubenville.

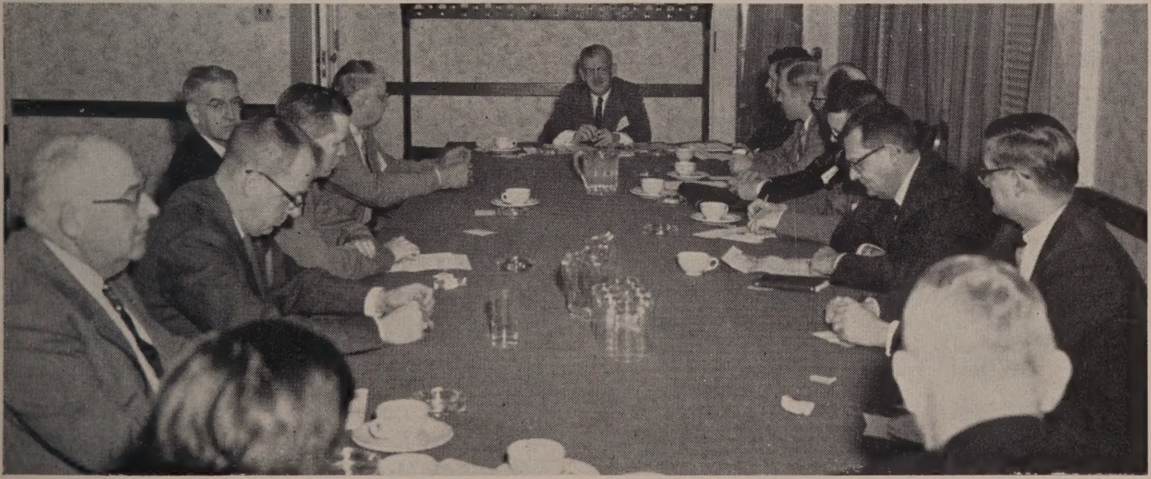
Tuberculosis Groups To Meet in Philadelphia, May 19-22

The annual meeting of the National Tuberculosis Association and its medical section, the American Trudeau Society, will be held in Philadelphia, Pa., from May 19 to May 22. Sessions will be at the Convention Hall and the Bellevue-Stratford will be headquarters hotel. Details may be obtained by writing the National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

Ninth, Tenth and Eleventh District Groups Confer

Ninth District Conference. Councilor, **Dr. C. L. Pitcher,** Portsmouth, (center).

Tenth District Conference. Councilor, **Dr. Edwin H. Artman,** Chillicothe, (center at head of table).



Eleventh District Conference. Councilor, **Dr. H. T. Pease,** Wadsworth (center).

Council on Health Care of Aged . . .

Organized on National Basis by AMA, Hospital and Dental Associations and Nursing Home Organization To Grapple With Problems of the Aged

THE foundation has been laid by some of the most important organizations in the health field to solve the problem of the health care of the aged.

For this purpose the American Dental Association, the American Hospital Association, the American Medical Association, and the American Nursing Home Association have established the Joint Council to Improve the Health Care of the Aged.

Objectives

Objectives of the council, the formation of which has been under consideration for some time by the sponsoring groups, were announced as:

"(1) To identify and analyze the health needs of the aged; (2) to appraise available health resources for the aged; and (3) to develop programs to foster the best possible health care for the aged regardless of their economic status."

The Joint Council to Improve the Health Care of the Aged is made up of three representatives of each sponsoring organization.

Fact-Finding Job

One of the first jobs of the council will be to determine exactly what are the health problems of the aged. Studies have been underway for the past several years by the organizations making up the council, but now, through joint efforts, research will be intensified and projects for meeting the problem will be activated as rapidly as possible. The council will be the agency through which the efforts of the sponsoring member organizations will be coordinated to solve the health problems of the aged.

The sponsoring organizations pointed out that the need for new programs in this field is accented by the fact that the life expectancy of individuals has been constantly increasing in recent years. In 1935 life expectancy in the United States was an average 60.2 years. The most recent figure indicates the average life expectancy now to be 70.0 years.

Will Develop Programs

The council will have as one of its principal immediate projects the development of programs and facilities to be tailored to the health needs and finances of the aged.

Another facet of the council's broad-range program will be to work closely with health insurance groups in an effort to improve the coverage of the aged and to see that their insurance dollars go further.

Job for Local and State Areas

It is the belief of the Joint Council to Improve the Health Care of the Aged that much can be done for older people by the states and communities, and the council will endeavor to stimulate the activities at these levels of government.

Special research projects are contemplated by each of the organizations supporting the council. This research will then be pooled and programs developed to meet the health needs of the aged. The ultimate goal is to provide adequate health care at reasonable costs.

Caribbean Seminar-Cruise Sponsored by Ohio State College of Medicine

Ohio State University College of Medicine is sponsoring a Postgraduate Medical Seminar-Cruise. Aboard the *M/S Stockholm,* the group will sail from Wilmington, N. C., on November 11 and visit points in the Caribbean, over a period of fifteen days.

An excellent program has been arranged, Dr. N. Paul Hudson, assistant dean for postgraduate medical education, announced. The following faculty has been announced: Drs. Charles A. Doan, dean of the College of Medicine and professor in the Department of Medicine; Emmerich von Haam, professor and chairman of the Department of Surgery; Geo. J. Hamwi, associate professor in medicine; Thomas E. Shaffer, professor in pediatrics; Joseph M. Ryan, associate professor in medicine; Kenneth H. Abbott, clinical assistant professor in surgery; and Dr. Hudson.

This medical seminar constitutes 30 hours acceptable Category I postgraduate requirements of the American Academy of General Practice.

Travel agency in charge is Allen Travel Service, Inc., 565 Fifth Ave., New York 17, N. Y. A list of topics to be discussed and other information may be obtained by writing to the office of the Dean, College of Medicine, Ohio State University, Columbus 10, Ohio.

RESULTS OF ELECTION AT ANNUAL MEETING IN CINCINNATI; DETAILED REPORTS TO APPEAR IN JUNE ISSUE OF THE JOURNAL

BECAUSE of the necessity of meeting publication deadlines, *The Journal* could not carry a complete report on the 1958 Annual Meeting, held April 15-17, in Cincinnati, in this issue. Details on the very successful Cincinnati meeting will be published in the June issue.

However, the following facts regarding the election of officers, Councilors and AMA Delegates are presented here, in advance of the detailed Annual Meeting report in next month's *Journal.*

Dr. George A. Woodhouse, Pleasant Hill, was installed as president, succeeding Dr. Robert S. Martin, Zanesville, who remains on The Council for another year.

The new President-Elect is Dr. Frank H. Mayfield, Cincinnati, who had served as Councilor of the First District. He will take over the presidency at the 1959 Annual Meeting. Dr. George J. Hamwi, Columbus, was re-elected Treasurer for a three-year term.

The following were elected to The Council for the first time: Dr. Charles W. Hoyt, Cincinnati, representing the First District, and Dr. Floyd M. Elliott, Ada, representing the Third District. Dr. Hoyt succeeds Dr. Mayfield on The Council. Dr. Elliott takes the place of Dr. James R. Jarvis, Van Wert, who had served as Councilor for three consecutive terms of two years each, the maximum allowed by the Constitution and By-Laws.

Councilors re-elected were: Dr. George Petznick, Cleveland, Fifth District; Dr. Robert E. Hopkins, Coshocton, Seventh District; Dr. Carter L. Pitcher, Portsmouth, Ninth District; and Dr. H. T. Pease, Wadsworth, Eleventh District. Hold-over Councilors are: Dr. R. Dean Dooley, Dayton, Second District; Dr. Paul F. Orr, Perrysburg, Fourth District; Dr. C. A. Gustafson, Youngstown, Sixth District; Dr. William D. Monger, Lancaster, Eighth District; and Edwin H. Artman, Chillicothe, Tenth District.

The following were re-elected Delegates to the AMA: Dr. Charles L. Hudson, Cleveland; Dr. Carl A. Lincke, Carrollton; Dr. George A. Woodhouse, Pleasant Hill; and Dr. Herbert B. Wright, Cleveland. Their respective alternates elected are: Dr. H. T. Pease, Wadsworth; Dr. Robert S. Martin, Zanesville; Dr. R. Dean Dooley, Dayton; and Dr. Fred W. Dixon, Cleveland.

Hold-over AMA delegates and alternates are Dr. Paul A. Davis, Akron, and Dr. Edmund K. Yantes, Wilmington, his alternate; Dr. Carll S. Mundy, Toledo, and Dr. Paul F. Orr, Perrysburg, his alternate; Dr. L. H. Schriver, Cincinnati, and Dr. Charles A. Sebastian, Cincinnati, his alternate; Dr. C. C. Sherburne, Columbus, and Dr. Richard L. Meiling, Columbus, his alternate.

The 1959 meeting will be held in Columbus, the week of April 19.

Visiting Pediatricians Attend Columbus Clinic Day

The Invitation Clinic Day Program of the 15th Annual Assembly of the Central Surgical Association was held at University and Children's Hospitals in Columbus recently. Among guest physicians who participated in the clinic were the following: Dr. D. R. Murphy, Montreal Children's Hospital; Dr. C. N. Weller, Detroit Children's Hospital, and Dr. C. C. Ferguson, Winnipeg Children's Hospital.

Trudeau School of Tuberculosis Scheduled at Saranac Lake

The Trudeau School of Tuberculosis and Other Pulmonary Diseases will hold its 43rd session in Saranac Lake, N. Y., June 2-June 20. This annual postgraduate course, conducted under the auspices of the Trudeau Foundation and supported by the Hyde Foundation, provides instruction at a minimal tuition of $100 for a three weeks session. Inquiries should be addressed to the Secretary, Trudeau School of Tuberculosis and Other Pulmonary Diseases, Box 500, Saranac Lake, N. Y.

Federated Fund Drives . . .

Report of Special OSMA Committee on This Subject Is Given as Approved By The Council; How Subject Relates to Medical Societies and Doctors

SUGGESTED procedures and activities to be followed in the formation of a federated health organization and a federated health fund-raising program have been outlined in the following report of a special OSMA committee. The report, compiled by the Committee on Relationship Between Medical Societies and Voluntary Health Organizations, was approved by The Council on December 15, 1957.

Copies of the report have been distributed to County Medical Societies.

Members of the special committee which worked for more than a year on this question is composed of the following: A. Macon Leigh, Cleveland, Chairman; Charles L. Leedham, Cleveland; Norman O. Rothermich, Columbus; Charles A. Sebastian, Cincinnati; Theodore L. Light, Dayton; Robert G. McCready, Akron; Max T. Schnitker, Toledo; Harry Wain, Mansfield; David L. Steiner, Lima; Carl F. Goll, Steubenville; Harold E. McDonald, Elyria; Paul A. Davis, Akron; Michael C. Kolczun, Lorain.

The text of the committee's report which explains the committee's assignment and its recommendations, follows:

* * *

Text of Committee Report

The mission of this committee has been to carry out the provisions of the following resolutions adopted by the House of Delegates of the Ohio State Medical Association:

Amended Substitute Resolution O, adopted at the 1956 Annual Meeting, held April 10-12, in Cleveland, Ohio:

> "WHEREAS, More and more health agencies are being formed to attract voluntary funds to be used in fighting specific diseases, causing duplication of manpower and overhead,
>
> "BE IT RESOLVED, That a committee be appointed by the Ohio State Medical Association to gather facts and experiences on this subject which will be made available to County Medical Societies giving consideration to the question."

Substitute Resolution D, adopted at the 1957 Annual Meeting, held May 13-16, in Columbus, Ohio:

> "WHEREAS, Single disease health agencies emphasize the great emotional appeal of certain diseases and thus tend to distort their true relation to total health, and
>
> "WHEREAS, Doctors of Medicine, in the final analysis, are responsible for the health of the nation and any voluntary health agency expenditure or health agency fund-raising campaign that is not in conformity with the prevailing policy of their medical society can be detrimental to the total good, and
>
> "WHEREAS, Several communities have already organized a federated health drive, therefore
>
> "BE IT RESOLVED, First, that the Ohio State Medical Association House of Delegates approve in principle the formation of a federation at the local level embracing all voluntary health agencies and the raising of funds for such federation through a single drive; and
>
> "Second, that the Ohio State Medical Association's special committee on Relationship Between Medical Societies and Voluntary Health Organizations be urged to prepare recommendations which might assist component county medical societies in achievement of such federation, if there exists a desire on the part of lay and physician-citizens of the county for such federation."

Assignments of This Committee

As a format for its work, the committee agreed upon these specific assignments:

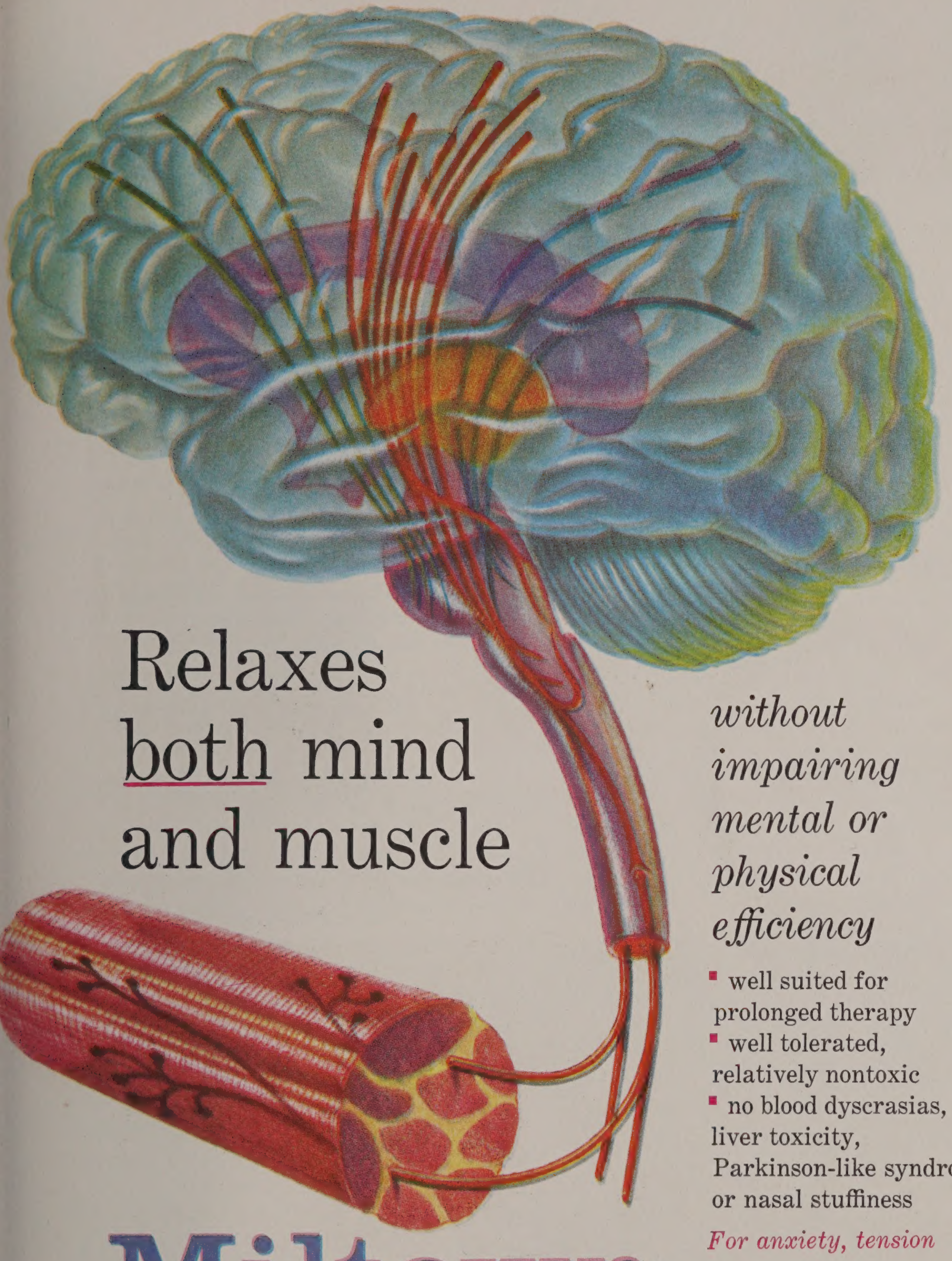
1. To draft a report suggesting procedures and activities which could be followed if the formation of a federated health organization and federated health fund-raising program is contemplated and to make such recommendations available to county medical societies, and other groups of physicians, on request.

2. To assemble information on programs in effect in various communities throughout the country, in packet form and lend such packets to county medical societies and other groups of physicians, on request, to guide them in their local planning.

This report completes Assignment No. 1. Assignment No. 2 has been partially completed. The committee will continue to supervise the accumulation of additional material for the loan packets as it becomes available, and advise the Columbus Office of the Association on matters arising in connection with the distribution of the packets.

Must Be Grass Roots Interest

It is not the intent of this committee to engage in any debate on why a community should or should not form a federated health organization and federated health fund raising program. That question must be answered by each community itself. As stated by J. D. Benefiel, Director of the Community Chest and Councils of America ad-



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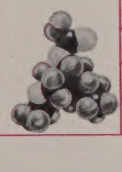

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Because *one* prescription manages *both* the psychic and somatic symptoms.

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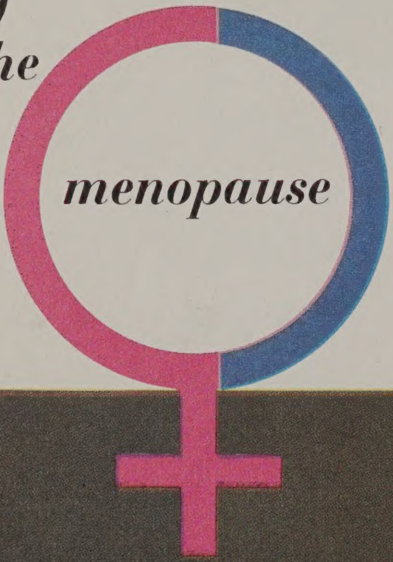

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visory campaign division and quoted in an article appearing in the September, 1955 issue of *Nation's Business*:

> "A United Fund is not something to be initiated from the top down. It should be a grass roots development. Every community has its own personality, its own profile, its own problems. The United Fund is not a uniform mass production product. It has to be custom built to meet the specifications of each city, or town, or rural area. It should not be tried until there is wide community acceptance for it—until a state of readiness exists."

Starting the Wheels

Assuming that there may exist a spark of interest in studying, at least, the possibilities of establishing a federated health program and united health fund in the community, what steps might be taken to start the wheels of organization into motion?

This point is well covered in the *Nation's Business* article previously referred to. Commenting on the organization of a united health fund and federated program in Stamford, Conn., the article points out how the subject was kicked off in that city, in the following paragraph:

> "Last year at a citizens dinner, representatives of industry, commerce, labor, the clergy, schools, the professions, local health and welfare agencies, agreed that the Chamber of Commerce should explore the United Fund idea."

Stamford did organize a United Fund as an outgrowth of that dinner meeting, the article reveals. Any other community can take steps similar to those taken by the people of Stamford and their leaders, if "a state of readiness exists."

Educational Material

If education of the community to the concept of a federated health organization and united health fund is deemed necessary, advice and material may be secured from any number of the more than 1,000 areas which have united funds and from the fewer communities which have established united or federated health foundations within the framework of an overall community chest and united fund program.

Selected materials on certain programs throughout the country will be found in the packet which this committee has assembled and will make available on request to county medical societies and other groups of interested physicians.

Alternative Types of Programs

When civic leaders are convinced that the community wants to do something to bring about a change in the "giving programs" a decision must be made as to what shall be substituted for the existing situation.

Following is a summary of various programs which might be considered. It should be kept in mind that although one of these may be the answer to the problems existing in a certain community, it may not be the solution for the next community. There is no one formula applicable to all communities alike, as community requirements, conditions and sentiments must be taken into account.

1. One community organization and program for bringing together in integrated fashion all planning and financing of community health and welfare activities. This idea of united planning and united giving, one goal, one fund drive is considered by certain groups seeking a change as the ideal plan. However, they concede it is difficult to attain because of the refusal of some agencies to cooperate. In fact, no program as all-inclusive as this has been established.

2. One community organization and program, including a united fund drive, for most of the health and welfare activities of the community, leaving the responsibility of fund-raising and promotion for their own programs entirely in the hands of those agencies who do not participate in the united appeals program.

3. A federated health organization consisting of representatives of all—or most—of the voluntary health agencies carrying on programs in the community, organized outside the framework of the local Community Chest or United Fund, to promote the activities of the federated agencies and conduct a single united health agency drive for funds entirely divorced from the united appeals campaign for money for welfare agencies.

4. A united health foundation operating within the framework of the local Community Chest and United Fund which receives most of its financial support from the United Fund and assumes the responsibilities for allocating health funds for activities such as medical research, health education, rehabilitation and direct services for the physically or mentally ill.

5. A program patterned after the policy of the Federal Government with regard to solicitation of funds among Federal civilian and military personnel for health and welfare organizations. Briefly, the Federal plan provides for not more than three solicitation periods each year and in cases where communities have a united fund serving all recognized agencies, only one solicitation a year. The three solicitations cover the following categories: (1) Community Chest; (2) American Red Cross; (3) national health agencies.

Investigating and Reporting Plan

An organized charity appeals investigating and reporting service to screen agencies and their activities and make this information available to the money givers of the community should be set up in each area. This mechanism can be of invaluable assistance to the administrators of any one of the five programs referred to above. It is something needed in each community even though the community may have no organized program for raising and distributing funds for welfare and health activities, as the individual givers themselves do not have the resources to assemble and analyze accurate data about the many varied groups seeking their financial support.

The Profession and Voluntary Health Agencies

Before getting into the details pertaining to the formation of a local federated health organization and the raising of money for such an organization, interested local groups should become familiar with the kinds and character of the many voluntary agencies, devoted wholly or in part to health promotion. Also, they should understand the relationship which should exist between the voluntary health agencies and the medical profession.

The Committee on Relationships Between Medicine and Allied Health Agencies of the American Medical Association offers the following observations:

> "The voluntary health agency is now a recognized community function, and most agencies merit medical society support of their objectives, though the medical society, in some instances, might press for changes in policy or procedure.
>
> "Medical societies and voluntary health agencies have mutual obligations. Medical societies should participate and when desired give agencies advice and counsel on the medical and civic aspects of community needs. Voluntary health agencies should establish liaison with the medical society and frame their programs to conform to sound medical practice.
>
> "Physicians should support voluntary health agencies within their sphere of interest, and recognize whether their role is an official representative of the medical society, interested physician, or private citizen."

This committee (Ohio State Medical Association committee) believes one additional point should be added to the above summary:

> A medical society should not hesitate to refuse endorsement and support to any voluntary health agency if the society believes the program of the agency is unnecessary as proven by substantial evidence or that the agency's program is a duplication of activities being properly carried out by another agency or group of agencies.

Nature of Voluntary Health Agencies

A review of the AMA committee's report and study of data assembled from other sources reveal that agencies concerned with health vary widely in organization, objectives, means for attaining objectives, fund raising methods, membership, and relationship of groups at national, state and local levels. Their principal characteristics are:

A nongovernmental association of citizens, with

A common goal or interest, usually the prevention and control of some disease or infirmity, which

Gathers voluntary contributions, gifts, memorials, and memberships, and

Expends its resources in ways decided by its own governing body, most often for public and professional education, medical and basic science research, and in a number of instances the underwriting of medical care, and which

May begin new fields of work or develop new administrative procedure at will, since it has the capacity to change program quickly to meet recognized needs.

Classification as to Types

Community agencies interested in health, including the voluntary health agency, can be classified into the following types:

1. The local subsidiaries of a national agency concerned with a single disease condition which uses their funds primarily for health education of the public, professional education, research and in some instances, medical care. Examples of such organizations are the National Tuberculosis Association, the American Cancer Society, and the National Foundation for Infantile Paralysis.

2. The local subsidiaries of national agencies concerned with a certain group of people having common problems which may be the result of a variety of related diseases. Among these are such agencies as the National Society for Crippled Children and Adults and the National Association for Mental Health.

3. Local subsidiaries of national civic betterment organizations that become interested in short-term preventive medicine or medical care problems. Among these are the national civic organizations such as Rotary, Lions and Kiwanis, business groups such as the Chamber of Commerce, academic fraternities and sororities and women's organizations.

4. Locally organized groups often now affiliated with a national health agency, such as the auxiliary groups supporting local hospitals or clinics, infant welfare societies, local health councils, and social agencies in the fields of family welfare, adoptive placements, family counseling and various youth activities.

5. Community coordinating groups such as welfare councils, health councils, community chests and similar groups engaged in community planning, in administrative research and in the dis-

tribution of money gathered through federated giving.

Voluntary Agency Evaluation

The AMA committee in its report made these pertinent observations:

> "The medical society is dedicated to maintenance of health in the communities its members serve. It, therefore, has an interest in and an implied responsibility for citizen groups who profess a similar dedication. Any agency that conducts health education, research, and service for the prevention of disease and the rehabilitation of the crippled, therefore, becomes an object for medical society consideration.
>
> "The medical society approach to any agency should be friendly, since these agencies intend to promote health through support of sound medical practice. It should also be constructively critical, since occasionally uninformed enthusiasts can make mistakes which distort even well planned policy."

Questions To Be Answered

Here are some questions which should be asked in the evaluation of local voluntary health agencies:

What relation does the local voluntary agency have to a similar state or national agency? Is it a subsidiary chapter, affiliate or independent competitor?

Why was it started in this community? Who started it and what interests are promoting it?

Are the purposes and stated objectives of the agency medically justifiable, and in accord with the program proposed by the agency?

Is the fund goal realistic when related to community needs and the anticipated over-all program of the agency at the local, state and national levels?

Is the cost of fund raising and administration reasonable in relation to expenditures for the stated objectives?

Are the educational and promotional materials medically correct, ethically presented, in good taste, and educationally sound?

Can the expenditures allocated for research be justified by morbidity and mortality incidence and by local, state and national research needs?

How are expenditures for service related to needs for such service and to the established patterns for medical care?

Mutual Obligations Between Medical Societies and Voluntary Health Agencies

The AMA committee in its report made some excellent suggestions on the recognition by the medical society and the local health agencies of mutual obligations and mutual understanding. Following were the recommendations offered:

> "Liaison should be arranged between medical societies and health agencies by the selection of physician members of the agencies' governing bodies from physicians suggested by, or known to be acceptable to, the medical society.
>
> "The medical society and the health agency should jointly establish basic policies regarding medical care, preventive medicine and all matters involving physicians and their relations to the agency, its members, and its clients.
>
> "There should be cooperative program planning in terms of local, state, and national needs and joint evaluation of accomplishments.
>
> "An agency should comply with the "Principles of Ethics and Fund Raising" formulated by the National Social Welfare Assembly and be willing to have its accounting procedures audited by appropriate auditors in order to establish confidence in its financial integrity.
>
> "There should be mutual exchange of information and opinion so as to permit the medical society and the agency to understand and accept each other's policy and practice."

Role of Individual Physicians In Relation to Voluntary Health Agencies

The individual physician plays four separate but related roles when he becomes affiliated with a voluntary health agency or other voluntary organization concerned with a phase of preventive medicine or medical care.

He may be delegated as an official representative of his medical association, in which case he acts for the medical society expressing the consensus of his colleagues.

He may be called on by an agency to serve it as a physician in ways suggested by his specific professional interest.

Because of his interests, he may seek membership on his own accord and become active in an agency's program.

As a private citizen interested in his community he may use a health agency as the medium for public service, regardless of his profession.

Commenting on the roles of physicians, the AMA committee said:

> "The obligations of these roles are quite different. Both the physician and the voluntary health agency he is serving must recognize the particular role being played. A physician selected by a voluntary agency to serve on its board serves as an individual. He may know medical society policy but has no authority to speak for the medical society unless granted that authority by action of the medical society. Physician membership on a board of directors is desirable and is to be encouraged even though such members represent the medical society only in an informal way and not as its official spokesman."

Packet Available

In order to carry out Purpose No. 2 stated at the beginning of this report, the committee has assembled a packet of material of information from various sources which may be of value to local medical groups which are studying ways and means of revamping local welfare and health fund raising programs.

This packet will be made available on a loan basis, without cost, to a County Medical Society requesting the packet in writing from the Columbus Office.

Physical Exams for Workers . . .

Detailed Report, Including Standards, Principles and Procedures, Adopted Recently by Mahoning and Trumbull County Medical Societies

"IT represents a realistic approach to a vexing problem and is designed to obviate the formation of clinics by groups who would employ medical directors and employ physicians on an hourly scale to perform examination which can well be carried out by practicing physicians."

The above statement appeared on a letter which was sent out recently to the members of the Mahoning County Medical Society (Youngstown) over the signature of Dr. Stephen W. Ondash, at that time president of the society.

The "it" referred to a report of the Industrial Health Committee of the society. The report later was officially adopted by the society and policies and recommendations contained therein are now in effect. An identical report was adopted by the Trumbull County Medical Society—an adjoining county society.

Believing that other county medical societies—especially societies in industrial areas—may find the report of interest and may want to use some of the recommendations enumerated as the basis for study and action, *The Journal* is publishing herewith the complete report and the forms referred to in the report.

* * *

Text of Report

In a preliminary report published previously the committee of which I am the chairman detailed the reasons for its formation and briefly it was as follows. There was a demand from our membership for clear cut information on behavior when asked by industry, or unions, or groups of unions to act as medical director or as an examiner for clinics already in operation or contemplated. It is well known that some of our members have already been approached for participation and, not wishing to transgress any policy of its society, are raising many questions, some already aired on the floor of the society.

The committee has given the problem exhaustive study and has reached the following conclusions:

There is need for the examination of "well" individuals in industry. Furthermore, such examinations would be of profit to the individual, to the industry and to the community. Accordingly, members of our society must be prepared to participate in a manner acceptable to themselves and to those agencies requesting medical services.

Participation must, however, be on terms acceptable to the common good of the membership and must accede to the spirit of patient-doctor relationship so necessary to effect individualized, thorough and exhaustive evaluation of the individual. The outline of an acceptable plan will enable all of us to act without challenge and furthermore discourage undesirable plans of industry and unions to expand benefits without a consideration for those rendering the service, namely the physician. In other words there will be no opportunity for placing the physician in the position of a pawn to be pushed about at will.

Principles Listed

The examination must be on a voluntary basis.

That a uniform type of history and physical examination be evolved such as will serve as basic standards. This has been worked out.

That the scope of the examination can be categorized to meet the desired needs of those underwriting the examination.

That uniform costs be proposed for such examinations and this has been done.

That the results of such examination be kept in confidence unless the condition presents a hazard to the industry.

That the examining physician must be a member of the medical society in good standing.

That the individual be examined by a physician of his choice. If his physician does not prefer to do the basic exam—that he be forwarded a copy of the examinations as performed by any other participating physician of our society.

That a committee of the society supervise the examination.

That a copy of findings should be available to the medical director of the responsible agency initiating the action.

Types of Examinations

Two general types of examinations have been proposed and they would be as follows:

A) General Examination
  1. Check off history and examination similar to attached form.
  2. Urinalysis and hemoglobin determination.

B) Executive Type Examination
  1. Dictated history and physical examination.

(Text Continued on Page 650)

HISTORY FORM

NAME____________________________ DATE OF BIRTH__________ MALE____ FEMALE____

Each applicant for employment is requested to answer the questions below so that he may be assigned to work with safety for himself and his fellow workers. If disabilities or deficiencies are present, please give details under "comments" at bottom.

PART 1.

NAME OF FAMILY DOCTOR________________________

A. Do you have, or have you had, any of the following:

	Please Check Yes	No
1. High Blood Pressure		
2. Low Blood Pressure		
3. Heart Disease		
4. Lung Disease		
5. Kidney Disease		
6. Stomach Ulcers		
7. Hernia or Rupture		
8. Fainting Spells		
9. Convulsions or Fits		
10. Back Trouble		
11. Head Injury		
12. Any type Nervous or Mental Trouble		
(a) Do nervous disorders run in your family		

	Please Check Yes	No
13. Broken Bones		
14. Rheumatism-Arthritis		
15. Flat Feet		
16. Anemia		
17. Diabetes		
18. Tumor, growth, cyst or Cancer		
19. Venereal Disease		
20. Skin Disease		
21. Asthma or Hay Fever		
22. Surgical Operations		
23. Serious Illnesses		
24. For Women to Answer Only:		
(a) Female disorders		
(b) Are you pregnant now		

PART 2.

	Please Check Yes	No
A. Has any member of the immediate family ever had— Diabetes		
Tuberculosis		
Insanity		
Kidney Disease		
B. Have you ever received Workmen's Compensation Benefits?		
C. Do you have any condition which may require special work assignment?		
D. Have you had any military service?		
Overseas duty? .... (Where)		
E. Have you ever been rejected or limited for Military Service?		
F. Did you receive any disability payments (from Veterans Administration)?		
G. Did you receive a Medical Discharge from Military Service?		
H. Have you ever been hospitalized? .... (Why?)		
I. Have you any present-day complaints referable to your health?		
J. Have you ever been examined for employment by this Company?		

COMMENTS ON THE ABOVE QUESTIONS: ____________________________

I have read and understand the questions above and have answered them voluntarily and truthfully to the best of my knowledge. I agree to such future examination as may be requested by the Company. I further understand that any falsification on my part shall be sufficient cause for discharge from______

I also authorize any physician or practitioner who has attended me, or may attend me while I am employed here, for any disease or ailment, or any hospital, clinic, or sanitarium, which has admitted me for treatment, to give full particulars to____________________________ to whom I am making or have made, application for employment.

DATE____________________ SIGNATURE____________________________

PHYSICAL EXAMINATION

NAME ______________________________ DATE ______________

Ht. ____________ Wt. ____________ B. P. ____________ Pulse ____________

	Normal	Abnormal
1. Eyes: Rt.____ Lt.____		
c Gl. Rt.____ Lt.____		
2. Color Blindness		
3. Phys. Appear.		
4. Posture		
5. Scalp		
6. Nose		
7. Hearing		
8. Mouth		
9. Teeth		
10. Thyroid		
11. Lungs		
12. Heart		
13. Circulatory		
14. Abdomen		
15. Rings		
16. Hernia		
17. Varicocele		
18. Hydrocele		
19. Extremities: Upper		
Lower		
20. Flat Feet: Degree		
21. Athlete's Foot		

	Normal	Abnormal
22. Varicose Veins (Degree)		
23. Back: Forward		
Lateral		
24. Back Abnormalities		
25. Skin		
26. Nervous: Organic		
Functional		
27. Anus		
28. Other Diseases		
29. Urinalysis: Sugar		
Alb.		
30. Chest X-ray		
IF APPLICANT IS A FEMALE:		
31. Are you now pregnant		
How far advanced		
32. Have you now or ever had any disease or tumor of the breast		
Uterus		
Ovaries		
33. Are your menstruations regular and healthy		

RATING

A	B	C	D

REMARKS ______________________________

SIGNED ______________________________ M. D.

2. Urinalysis; Complete Blood Count; Sedimentation Rate; Electrocardiogram with or without exercise tolerance (at discretion of examiner); Blood sugar; large x-ray of chest.

It is understood that if further study is needed in order to come to sound conclusions that this can be arranged for with either the cooperating welfare fund or the companies using the service.

The costs of the examinations should be:

(1) A—$10.00; (2) B—$50.00.

Conferences Held

It is imperative that these two plans and charges be discussed and time is valuable. A committee of the Trumbull County Medical Society has been cooperative with us on this project and they accept in principle the above recommendations.

We have had several meetings with the Mahoning & Trumbull County Building Trades Welfare Fund Committee and they feel this is a new and vivid approach to what in the past has amounted to rebuffs. Therefore, I urge that we approve this at once as it is a monumental step forward in preserving the best physician-patient relationship.

This arrangement with the welfare fund members is a very good and practical plan for us as physicians and for members of the fund as our patients. The examination form as given, is quite easy to complete, but is very thorough. In the event that there is any reason for further studies these will be permitted to be requested by means of voucher and thus still preserve the best possible patient-physician relationship. It is my considered judgment that this plan will be approved by the Trumbull County Medical Society and I certainly feel it should meet with our full approval.

P. J. Mahar, M. D., Chairman; E. R. McNeal, M. D.; S. W. Ondash, M. D.; A. K. Phillips, M. D.; Asher Randell, M. D.; R. J. Scheetz, M. D.; E. A. Shorten, M. D.

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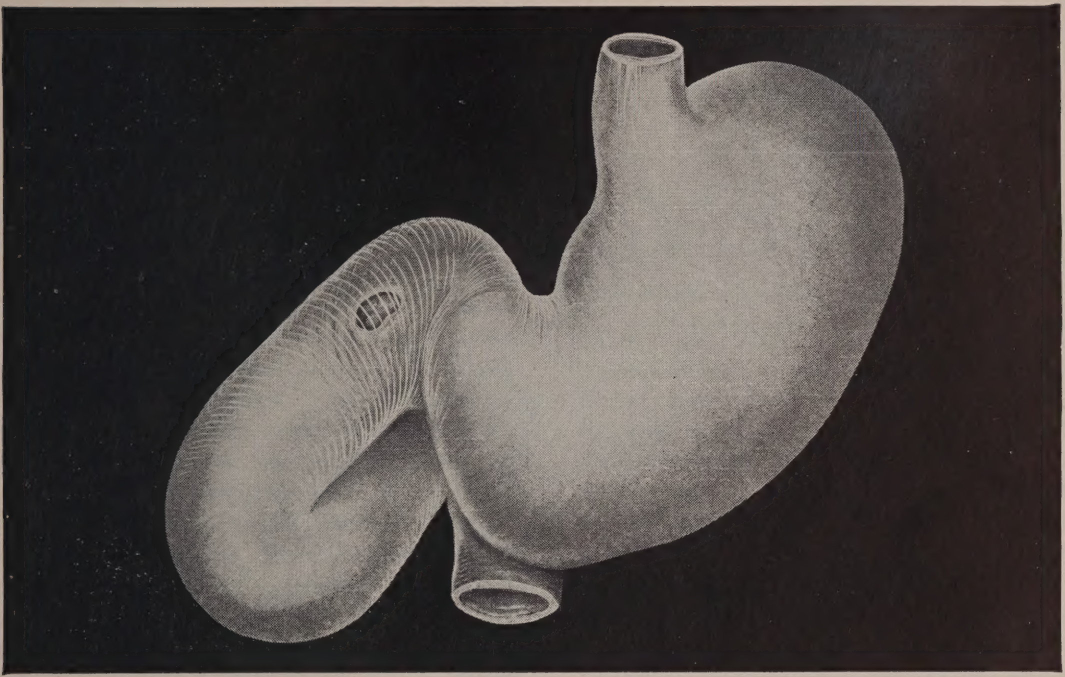

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*Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthīne in the Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 Cases, Am. J. M. Sc. *232:*156 (Aug.) 1956.

SEARLE

Hospital Consent Forms . . .

This Vital Subject Discussed in Recent Report of the Accreditation Commission; Handling of Infections Also Covered in this Bulletin

CONSENT forms, handling of infections in hospitals and a progress report on the five-year work of the Commission were subjects discussed in Bulletin No. 17 (March, 1958) of the Joint Commission on Accreditation of Hospitals. Following are excerpts from the bulletin:

* * *

The question of medical professional liability was discussed at the Board of Commissioners' meeting and it was decided that hospitals should be advised that many consent forms presently in use are inadequate and should be re-evaluated. The Commissioners did not and will not endorse any specific form. They recommend that the hospital obtain local legal counsel in its preparation. In principle the form should be an informed consent which means that the signer knows what he is signing, knows what is to be done, and understands the risk involved to the patient. It should include such information as the following:

Name of the hospital in which the operation or procedure is to be performed, and date consent is signed.

Name of the patient on whom the operation or procedure is to be performed.

Statement of the nature of the operation or procedure to be performed.

Authorization for administration of anesthesia, if necessary.

Authorization to perform such additional operations or procedures as are considered necessary or desirable in the judgment of the surgeon or physician.

Consent to dispose of tissues or parts removed at operation.

Statement that the signer is aware of the contents of the form he is signing.

Signature of patient or person legally authorized to give consent on patient's behalf.

Signature of witness.

(Note: An excellent booklet on consent forms relating not only to hospital procedures but also medical procedures was prepared recently by the Law Department of the American Medical Association. A copy may be obtained by writing directly to the AMA.)

Infections in Hospitals

Articles on infections in hospitals have appeared recently in medical and hospital literature as well as in the lay press. This is a subject of concern to the Joint Commission on Accreditation of Hospitals, since accreditation implies that the hospital maintains a safe environment for patients. The surveyors of the Commission are instructed to check into the matter of infections in hospitals and to help hospitals in their efforts to educate hospital personnel on the cause, effect and elimination of infections. They also make certain that every hospital has instituted proper control methods towards the prevention of infections. Hospitals should be alert to the fact that there is a tendency to relax rigorous aseptic precautions in hospital housekeeping and to rely too much on new detergents, ultraviolet lights and antibiotics. There is still no better method of obtaining good sanitation and cleanliness in a hospital than the judicious use of soap and water, under vigilant care and supervision.

The Commission strongly suggests that hospitals implement the recommendations made by a special conference committee of the American Medical Association. In part, they recommend that:

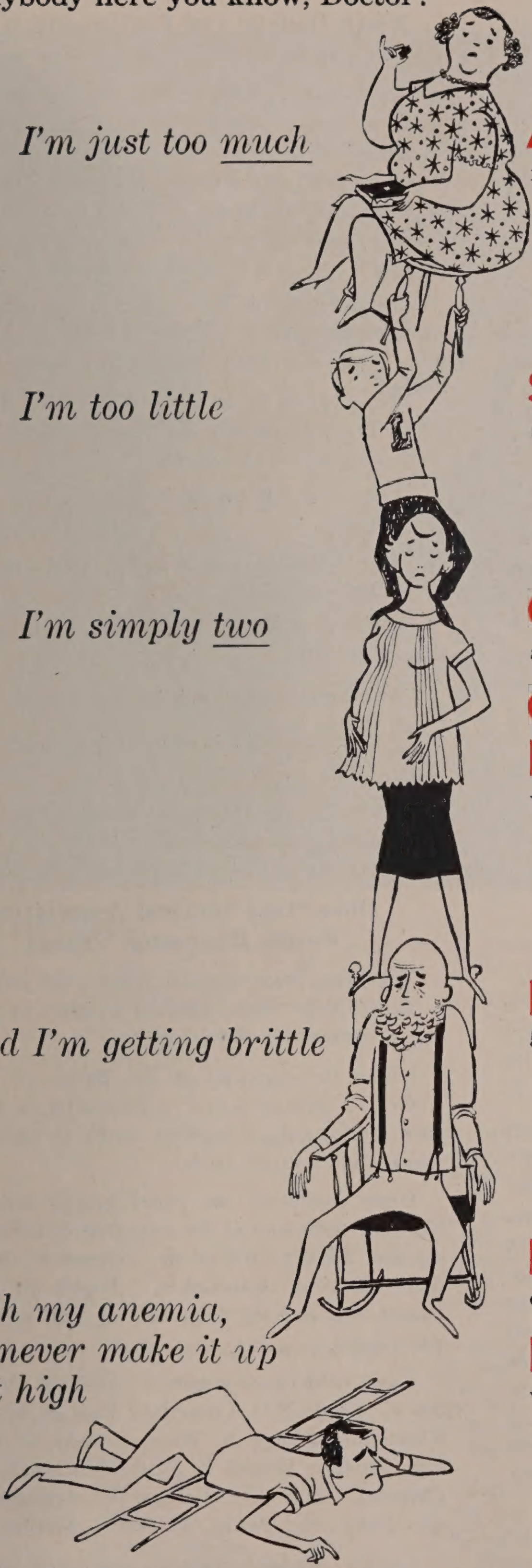
Recommendations

1. There should be diligent research in hospitals into the causative organisms and their special properties which render them so infective and dangerous, and a search for immunologic and chemotherapeutic measures against them.

2. Every hospital establish a responsible officer or committee charged with the investigation and control of infections within the hospital, and institute procedures and practices designed to prevent infections. Membership on the committee should include medical staff, administration and nursing service personnel.

3. There is need also for community participation in these problems, for instance, by the County Medical Societies, local health departments, Hos-

See anybody here you know, Doctor?



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pital Councils and Interhospital Committees on Infections.

Progress Report

During the five years the Joint Commission on Accreditation of Hospitals has been functioning, there has been a steady gain in the number of accredited hospitals. This is shown in Table 1. The 1952 figures indicate the number of hospitals accredited by the American College of Surgeons when the Commission came into existence.

Table 1.—*Number of Hospitals Accredited.*

	1952	1953	1954	1955	1956	1957
TOTAL	3265	3395	3513	3630	3770	3857
U. S. and Possessions	3085	3111	3219	3319	3441	3525
Canada	269	275	285	302	318	321
Foreign	8	9	9	9	11	11

During the five year period 1953-1957, the total number of hospitals which took part in the accreditation program was 4521. Of this number 3857 (85.4 per cent) are accredited and 664 (14.6 per cent) are not accredited. It is encouraging to note that the hospitals not accredited are working diligently to achieve accreditation and many have requested re-survey. Experience has shown that progress toward accreditation is accelerated after a survey and improvement in patient care has resulted. Even though a hospital does not achieve accreditation on the first visit, a survey is of considerable value.

Table 2 shows the number of surveys that have been done by the Commission.

Table 2.—*Number of Surveys Conducted.*

	TOTAL	1953	1954	1955	1956	1957
TOTAL	7155	1306	1385	1378	1421	1665
U. S. and Possessions	6494	1213	1233	1234	1299	1515
Canada	649	92	151	136	120	150
Foreign	12	1	1	8	2	

Of the total number of surveys done, 6390 (89.3 per cent) resulted in accreditation and 765 (10.7 per cent) in no accreditation. The proportion of those resulting in no accreditation has dropped from 11 per cent in 1953 to 8.2 per cent in 1957. The Commission finds this trend encouraging. It supports the theory that a large number of hospitals which have been surveyed and not accredited have the potential to become accredited.

It is estimated that there are 7,000 hospitals in the United States and Canada eligible for accreditation. Of this number 55.1 per cent are accredited.

Dr. Claude S. Perry, Columbus, was guest speaker at a meeting of the Isthmian Canal Zone Medical Association, recently. His topic was: "Ophthalmological Complications of Diabetes."

Ninth District and Portsmouth G. P.'s Sponsor Program on May 8

The Ninth District of the Ohio State Medical Association and the Portsmouth Chapter of the Academy of General Practice are jointly sponsoring a program on Thursday, May 8, in Portsmouth, it was announced by Dr. William J. Hartlage, program director for the Portsmouth G. P.'s, and Dr. C. L. Pitcher, Ninth District Councilor.

The program will be at the Elks' City Club, with registration open at 12:30 p. m. and the first program feature at 1:15.

The program to be conducted by a team from Ohio State University College of Medicine, has been announced as follows:

"Uses and Abuses of Cortisone," Dr. Robert J. Goldberg.

"The Acute Abdomen in Children," Dr. Robert J. Izant.

"What's New in Hormone Therapy," Dr. Geo. J. Hamwi.

"The Sterile Female," Dr. Charles W. Pavey.

Panel Discussion.

Social hour and banquet.

There will be 4½ hours credit in Category I for general practitioners.

Ohio State Surgical Association Forms Discussion Groups

The Ohio State Surgical Association has set up a plan to help county medical societies in presenting programs for physicians.

Under the direction of Dr. Byron G. Shaffer, Toledo, a past-president, a committee is forming four- or five-man discussion panels in each of the Association's eight areas.

Upon invitation the panel groups will travel to small communities for appearances before local medical societies and at the expense of the Ohio State Surgical Association. Topics to be discussed will include diagnostic as well as surgical procedures.

Panel moderators named to date are Drs. Warren G. Harding II, Columbus; Paul A. Mielcarek, Cleveland; George N. Bates, Toledo; C. C. Burton, Dayton; Daniel E. Early, Cincinnati; A. C. Ormond, Zanesville; Edward V. Arbaugh, Martins Ferry; and Philip W. Smith, Marion.

County Medical Societies interested in using the speakers should write to the association office, 526 East Dunedin Rd., Columbus.

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1. Russek, H. I.: Postgrad. Med. *19*:562 (June) 1956.

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CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

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Hill-Burton Program . . .

Hospital Building and Improvement in Ohio Has Been Given Extraordinary Impetus Through This Program Now In Its Second Decade of Administration

OHIO'S Hospital Building Program under the provisions of the Federal Hill-Burton Act has entered its second decade.

Where the program has been and where it is going are set forth in a recent report assembled by Dr. Margaret DuBois, chief of the Division of Hospital Facilities, Ohio Department of Health. This article is based on that report.

Since the start of the Hill-Burton Hospital Building Program in Ohio, commitments have been made for 103 projects, totalling 8,099 beds. The total cost of these 103 projects is $153,771,110.00 of which the Federal Government contributed $36,003,963. A breakdown of these figures into categories is shown in the accompanying statistical table.

The report in the following language points out that the program has amounted to more than just the building of the additional beds cited:

Has Stimulated Planning

"The program has accomplished much more than this, however. The value of state-wide planning has been recognized. Groups interested in constructing health facilities—regardless of application or eligibility for federal grants—now tend to consult the Ohio Department of Health to determine what, if anything, they should plan. Consultation is frequently requested in regard to planning and equipping nonparticipating projects. Potential donors to capital fund drives and voters on bond issues are interested in learning how the proposed project fits into the State plan.

"There is much wider general interest in facilities for the care of old people and patients with chronic diseases, and in the need for rehabilitation of the handicapped. Communities as a whole are becoming much more aware of the importance of recognizing and filling their health needs. General standards for design, construction and operating programs have been improved. These developments, most certainly stimulated by the "Hill-Burton" Act and its subsequent amendments, are in themselves indicative of the success of this program."

Basic Requirements

Approval of Federal grants to aid in hospital construction is contingent on meeting certain basic requirements of the Federal act and regulations. Summarized, these are as follows:

1. Demonstration of local need sufficient to result in high priority
2. Provision of a community-wide service on a non-profit basis
3. The ability to provide sufficient matching funds to finance the project
4. Compliance with specific structural standards, including existing structures to be remodeled
5. Certain specific requirements for specific categories of facilities

Basic Policies

To facilitate administration of the program, the Ohio Department of Health has adopted some basic policies, as outlined:

1. Federal grants may not exceed 33 1/3 per cent of the eligible cost of the project.
2. Applications will not be considered for
    (a) Hospitals providing a total of less than 50 beds **except**
        (1) Inpatient facilities for rehabilitation centers (chronic disease hospital category)
        (2) Replacements of existing hazardous facilities, and
        (3) Hospitals providing 25 - 50 beds where so indicated by special geographic location, community population and the assurance of an adequate program for patient care and long range plans for expansion to at least 50 beds.
    (b) Nursing homes providing a total of less than 25 beds **except**
        (1) Nursing home units of general hospitals
        (2) Nursing home units of homes for the aged, and
        (3) Nursing homes providing 10-25 beds where so indicated by special geographic location, community population and the assurance of an adequate program for patient care and long range plans for expansion to at least 25 beds.

More on Policies

3. When a project has been approved for a grant, requests to increase the grant for increased

Summary of Hill-Burton Hospital Projects in Ohio to Date And Amount of Federal Funds Committed

Category of Project	*Total Cost*	*Federal Grants*	*Number of Projects*	*Number of Beds*
General Hospitals	$120,341,375	$29,162,101	70	6,500
*Mental Hospitals	9,158,170	1,063,927	4	235
Tuberculosis Hospitals	5,009,725	922,760	5	410
Chronic Disease Hospitals	9,950,435	2,024,895	2	790
Nursing Homes	2,073,155	683,213	3	164
D and T Centers	1,175,895	391,965	3	xxx
Rehabilitation Facilities	2,850,000	839,558	2	xxx
Public Health Centers	2,451,695	686,026	4	xxx
Schools of Nursing	760,660	229,518	1	xxx
Totals	$153,771,110	$36,003,963	103	8,099

*Psychiatric Units of General Hospitals

scope of the project will not be considered. The project sponsor may submit a new application for the increase as a new project.

4. Applications for grants from Part "C" funds (general, tuberculosis and mental hospitals, psychiatric units of general hospitals and public health centers) must be submitted prior to May 15 each year for funds available the following July 1.

5. Applicants must be ready for bids within one year from the date of approval by the Ohio Department of Health. Applications should not be formally submitted until there is reasonable assurance of adequate local matching funds.

6. Applications for public health center grants will be considered only from qualified local or district health departments.

7. Applications for rehabilitation facility and chronic disease hospital grants will be given priority on the basis of multiple disability services and research and teaching programs.

8. Applications for nursing home grants will be considered only when such homes are operated by an acceptable hospital, or have a formal affiliation with an acceptable hospital for assurance of good patient care and for immediate or future training of professional and nonprofessional personnel.

9. Restudy of hospital service area boundaries will be undertaken on request provided that data sufficient to warrant such restudy are submitted with the request.

Changes in Format

Some changes in the format of the plan have been initiated this year. In part, this is a simplification; in part it is devised to present a clearer picture of the situation in each of the 11 regions of the state. The report states: "It is generally conceded that the time has come to analyze over-all health needs in a community rather than 'How many general hospital beds are needed?' The general hospital is becoming the health center of the community or area; as such, it should assume leadership in studying these broader health needs. Community surveys on this basis are being encouraged, including careful review of current patient loads within existing general hospitals."

Ohio State Coroners' Association Elects Officers for Year

Dr. Lyman A. Adair, of Wooster, Wayne County Coroner, was elected president of the Ohio State Coroners' Association, at the organization's annual seminar and business meeting in Toledo. He succeeds Dr. William J. Pittinger, of Summit County.

Other officers elected are: Dr. W. R. Larrick, (D. O.), Cambridge, vice-president; Dr. Charles H. Edel, Norwalk, treasurer, and Dr. Samuel R. Gerber, Cleveland, re-elected secretary.

College Health Association Honors Dr. Chenoweth

Dr. Laurence B. Chenoweth, for many years head of the University of Cincinnati student health service, was honored with the merit award for his several decades of contributions to the college health field at the thirty-third annual meeting of the Ohio College Health Association at Capital University, Columbus.

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Ohio State Surgical Association Program Scheduled June 4-5 In Cincinnati

The Ohio State Surgical Association has announced its fifth annual meeting to be held in Cincinnati with special events scheduled on Wednesday, June 4, and a scientific program on Thursday, June 5.

Wednesday is designated as fun day with golf arrangements at the Kenwood Country Club. Special events for the ladies also have been arranged.

The program and dinner dance on Thursday will be at the Netherland Hilton Hotel.

The Scientific Program

The scientific program has been announced as follows:

Morning Session

John H. Lazzari, M.D., Presiding

9:00 a.m. **The Place of Angioplastic Procedures in the Management of Peripheral Occlusive Arterial Disease.**

D. Emerick Szilagyi, M.D., Detroit, Michigan.

9:30 p.m. **Management of Acute Head Injuries.**

Robert L. McLaurin, M.D., Cincinnati.

10:00 a.m. **Surgery of the Patient with Jaundice**—Panel Discussion.

Moderator:

Max M. Zinninger, M.D., Cincinnati.

Collaborators:

Charles B. Puestow, M.D., Chicago, Illinois.

Leon Schiff, M.D., Cincinnati.

Henry K. Ransom, M.D., Ann Arbor, Mich.

11:30 a.m. **Carcinoma of the Cervix—Present Concepts of Early Diagnosis and Therapy.**

Richard W. TeLinde, Baltimore, Md.

12:00 Noon **Pitfalls in the Treatment of Ankle Injuries.**

Harrison L. McLaughlin, M.D., New York, N.Y.

12:30 p.m. Luncheon—Netherland Hilton Hotel

(Surgical Ass'n. Program—Cont'd.)

Afternoon Session

John H. Lazzari, M.D., Presiding

2:00 p.m. **Resuscitation of the Heart.**
Claude S. Beck, M.D., Cleveland.

2:30 p.m. **Present Trends in the Management of Cancer of the Colon and Rectum.**

Henry K. Ransom, M.D., Ann Arbor, Mich.

3:00 p.m. **The Modern Surgical Treatment for Peptic Ulcer.**

Ralph F. Bowers, M.D., Memphis, Tennessee.

3:30 p.m. **Current Problems of Antibiotic Therapy in Surgery.**

William A. Altemeier, M.D., Cincinnati.

4:00 p.m. **Chronic Pancreatitis with Special Reference to Caudal Pancreaticojejunostomy.**

Charles B. Puestow, M.D., Chicago, Illinois.

4:45 p.m. Business Meeting — For Members Only.

Columbus Academy and Pharmacists To Hold Joint Program June 5

The Columbus Academy of Medicine will hold a joint meeting with the Central Ohio Academy of Pharmacy at the Neil House in Columbus on Thursday, June 5. The program will begin at 5 p. m. and speakers from pharmaceutical houses will speak. A short business meeting will be followed by a social hour and dinner.

An outstanding after-dinner speaker has been invited to present the discussion of the evening on pharmacology and medicine.

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Forand Bill . . .

Letter Alerting and Warning Physicians Against Dangers of H. R. 9467 Sent to All Physicians by AMA President; Questions Answered in Folder

SEVERAL weeks ago a communication was sent to all physicians by Dr. David B. Allman, president of the American Medical Association, relative to the Forand Bill—H. R. 9467—now before the Ways and Means Committee of the House of Representatives, U. S. Congress.

The letter was accompanied by a folder which contained detailed information about the Forand Bill.

Following is the text, in part, of Dr. Allman's letter and the content of the pamphlet which was in question-answer style.

Dr. Allman's Letter

"A bill now in Congress would place the health care of the aged and other OASI claimants under government supervision.

"The Forand bill—H. R. 9467—would provide government hospital and medical care for about 13 million social security claimants by amending the Social Security Act. The AFL-CIO sponsored this bill and has given it top legislative priority.

"The Forand bill is not in the public interest. There are several basic reasons why it is bad legislation for all Americans. These are:

"1. It would bring the aged under government controlled and supervised health care. The government would set and enforce standards of health care under bureaucratic control, limiting the choice of hospitals and physicians.

"2. It would eventually destroy private health insurance and the Blue Shield-Blue Cross plans.

"3. It would introduce into the economy of the country, on a permanent basis, wage, fee and price fixing by government fiat.

"4. It is national compulsory health insurance for a segment of our population. Once established, this concept would be extended to all social security claimants. Ultimately America would have nationalized hospitals and medical care for everyone.

"5. It is an attempt to solve a complicated health problem by political means rather than through established medical resources. Making the aged wards of the government with health care handouts is not the proper way to solve the problem.

"6. It would mean higher taxes and less take-home pay for all wage earners for the benefit of a minority.

"7. It could bankrupt the entire social security program and jeopardize the basic retirement incomes of millions of Americans.

"Every physician must be prepared to oppose this bill vigorously and be ready to make his views known to the Congress should that become necessary. . . .

"Meanwhile, some of the most important and respected organizations in the health field are preparing a program which will lead toward solution of the problems of health care for the aged. . . .

Questions and Answers on Bill

Q. What is the Forand Bill?

A. The Forand bill, H. R. 9467, is an AFL-CIO sponsored amendment to the present Social Security Act. The bill proposes to provide government hospital and surgical care for approximately 13 million eligible social security claimants, principally persons over 65. The bill was introduced in the House in August 1957 by Rep. Aime J. Forand (D., Rhode Island). It was referred to the House Ways and Means Committee of which Forand is the third ranking member. The committee is expected to begin hearings in May.

Q. What would the Forand Bill do in the field of health care?

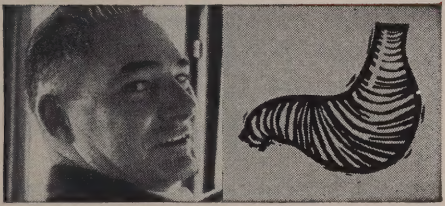
A. Bring the aged and other Old-Age Survivors Insurance claimants under government-supervised health care. The government would make contractual agreements to reimburse hospitals, nursing homes, physicians and dentists for specified services rendered to the 13 million (1958) social security claimants (expected to be as many as 22 million by 1975). Payments would be made directly to hospitals, physicians and nursing homes. No payments would be made to individual claimants.

Q. What would the health care proposals cost all workers?

A. There is no way of accurately predicting the cost. It could prove so costly that it would jeopardize the retirement security of millions of Americans who depend on social security for their basic retirement needs. For the first time last year the social security system received less income than it paid out. Taxes to finance the present program are already scheduled to reach 8½ per cent of

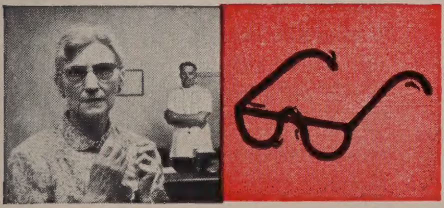
in each of these indications for a tranquilizer . . .

SR is a cardiac patient. His doctor put him on ATARAX because (+) it is an anti-arrhythmic and non-hypotensive tranquilizer.



Other tranquilizers added to PN's g. i. discomfort (he has ulcers). But now his doctor has him on ATARAX because (+) it lowers gastric secretion while it tranquilizes.

Asthmatic JL used to have frequent tantrums followed by acute bronchospasm. Her family doctor tranquilized her with ATARAX because (+) it is safe, even for children.



Senile anxiety and persecution complex dogged Mrs. K. until her doctor prescribed ATARAX Syrup. (+) It tastes good, and it's a perfect vehicle for Mrs. K's tonic.

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payroll up to $4,200 in coming years. The Forand bill provides for raising the social security tax base from the first $4,200 of income to the first $6,000. The tax rate would also be increased ½ of 1 per cent for both employers and employees and ¾ of 1 per cent for self-employed persons. This increase, in addition to those already provided by the social security law, would mean that a self-employed person could be paying $427.50 in social security taxes by 1975.

Q. Would this raise in the social security tax cover the cost of the program?

A. Possibly at its inception. However, other countries with similar socialistic health programs have found that their costs were several times larger than the original estimates. It is most likely that the Forand bill program would eventually cost much more than two billion dollars per year and that the taxes would have to be raised accordingly.

Q. What are the basic faults of the Forand bill in the field of health care?

A. The Forand bill proposes a political solution to a health problem. It is a health care bill developed by non-medical people (chiefly the AFL-CIO).

Q. Would the Forand Bill adversely affect health care for the rest of the population?

A. Over-utilization of hospitals by social security claimants would limit the number of beds available for the acutely ill of all ages in the community. Provisions for extensive free hospitalization would create a needless and dangerous crowding of hospital space. In many countries where similar legislation is in effect, there has been a staggering increase in use of hospital facilities by those over 65. (In Saskatchewan, Canada, for example, the average person over 65 occupies a hospital bed 7.2 days a year; in the United States the average person over 65 occupies a hospital bed 2.5 days a year.)

Q. Could all doctors, hospitals and nursing homes participate?

A. No. Only those that enter into contracts with the government. Furthermore, except in an emergency, surgery could be performed only by a surgeon certified by the American Board of Surgery or one who is a member of the American College of Surgeons. Elective surgery is not included. Care would not be authorized in a mental or tuberculosis hospital. Nursing homes would (1) have to be operated in connection with a hospital or (2) operated under the general direction of a licensed doctor or surgeon.

Q. Who would determine fees for doctors and charges for hospitals and nursing homes?

A. The Federal Department of Health, Education and Welfare would make the final determination.

Q. Who would administer this program and set standards of care?

A. The program would be administered by the Secretary of Health, Education and Welfare. The government would set and enforce standards of health care under bureaucratic control.

Q. What hospital and nursing home services would be provided by the Forand bill?

A. The bill provides a combined total of 120 days free hospital and nursing home care but with a maximum of 60 days hospitalization. However, before a person can receive nursing home care he must be transferred there from a hospital for further treatment of the same illness.

Q. Are any other services provided by the Forand bill?

A. Oral surgery would be provided, but only to those persons who were hospital bed patients. Oral surgery is not defined.

Q. What effect would the Forand bill have on voluntary health insurance?

A. The health insurance industry has proved its ability to handle the extensive insurance needs of our growing population. Because of its experience and success in other fields, it is reasonable to allow it time to solve this additional problem—medical coverage for our citizens in the 65-and-over group. Approximately 50 per cent in this age bracket has some coverage now, as compared to only 20 per cent in 1950. Passage of the bill would give voluntary health insurance a set-back from which it would never recover. This bill would do irreparable harm to the one method through which our older citizens can take care of their health needs on a free-choice basis maintaining full independence. Under the Forand bill the aged would become, in effect, wards of a bureaucratic system.

Q. How do the uninsurable receive health care?

A. The 3.5 million or so, 65 or over, who are uninsurable because of inadequate income, assets, or other means of support generally receive medical care through welfare programs. Aside from aid granted by many private, fraternal, and religious organizations, over three billion dollars in federal and state aid is given annually to those in the four categorical aid programs (aid to the blind, handicapped, dependent children, aged) for medical and other expenses.

Q. How good are the statistics on the health problems of the aged?

A. AMA has studied the available statistics. They have been found to be neither conclusive nor complete. The greatest need right now is for a comprehensive study of the health problems of the aged, rather than for drastic remedies for a situation about which so little is known.

Q. Could the age limit for Forand health care be held at 65?

A. Probably not. Supporters of the bill have indicated that they would like to see government-regulated health care made available to younger persons, perhaps first starting at age 60, then 55, and so on, eventually bringing everyone under a government dictated health program. Ultimately the practice of medicine in America would be totally socialized, which could result in an inferior grade of health care.

AMA Supports Legislation for Handling Aviation Medicine

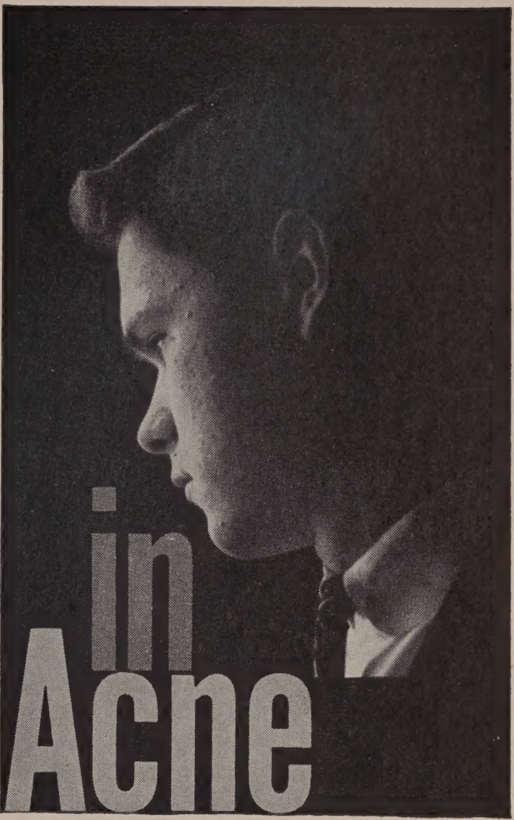
The American Medical Association is actively supporting legislation pending before Congress which would establish a separate medical office within the Civil Aeronautics Administration.

In a letter to Sen. Warren G. Magnuson, chairman of the Committee on Interstate and Foreign Commerce, Dr. F. J. L. Blasingame, AMA general manager, said, "The American Medical Association is seriously concerned with the present state of civil aviation insofar as medical matters are concerned. Increasing air traffic and the jet age, accompanied by increased physical demand on pilots, require a substantial revision in the present method of handling many aspects of aviation medicine."

Specifically, the AMA is urging passage of Senate Bill 1045 which is before Senator Magnuson's committee.

The letter also said that physical standards for and medical evaluation of fliers "must be carried out by physicians experienced in aviation medicine, and medical determination should be conducted by physicians—who have the necessary professional qualifications and experience."

Provisions of the bill include: Transfer of the rule-making authority for medical standards from the Civil Aeronautics Board to the Civil Aeronautics Administration (unlike the CAA, the Civil Aeronautics Board does not have qualified medical personnel); Creation of the "Office of Civil Air Surgeon" directly responsible to the Civil Aeronautics administrator; Establishment of a Civil Aeronautics Medical Research Laboratory.



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1. Hodges, F. T.: *GP* 14:86, Nov., 1956.

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In Memoriam . . .

Samuel R. Bame, M. D., Carey; Eclectic Medical College, Cincinnati, 1911; aged 73; died March 17; member of the Ohio State Medical Association and the American Medical Association. Dr. Bame had been a practicing physician in Carey since 1917 in which year he moved there from Alvada. A veteran of World War I, he was a member of the American Legion. Surviving are his widow, a son, a daughter, two brothers and a sister.

Susan Willard Brown, M. D., Cincinnati; Rush Medical College, 1922; aged 66; died March 20; former member of the Ohio State Medical Association. Dr. Brown began her career in medicine as a medical missionary in China for the Methodist Church, but for health reasons returned to this country. She was a resident physician at Dunham Hospital until 1938 when she went into private practice. Two sisters survive.

Louis F. Bucher, M. D., Dayton; Rush Medical College, 1900; aged 80; died March 9; former member of the Ohio State Medical Association; recipient of the OSMA 50-Year Award. A native of Germany, Dr. Bucher came to this country as a child with his family which settled in Dayton. In addition to his private practice, he served as Dayton school doctor from 1910 to 1921 and was instrumental in establishing the city's first school health program. In 1943 he was called out of retirement to become examining physician for the local procurement program. He held several posts with the Fraternal Order of Eagles and as national child health chairman helped organize five well-baby clinics in the Dayton area. He also was a member of the Elks Lodge, and a past exalted ruler of that organization. Surviving are a sister and two brothers.

Harry L. Burdsall, M. D., Hamilton; Medical College of Ohio, Cincinnati, 1905; aged 79; died March 25; member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. Dr. Burdsall practiced a total of 53 years, all of it in and around the Lindenwald community of Hamilton. He held at various times all the offices in the Butler County Medical Society and served on a number of local committees. During World War I, Dr. Burdsall served in the Army Medical Corps. Among organizations to which he belonged, was the Odd Fellows. His widow and a daughter survive.

John W. Cronin, M. D., Washington, D. C.; University of Cincinnati College of Medicine, 1933; aged 52; died March 26. A career man with the U. S. Public Health Service, Dr. Cronin advanced to become Assistant Surgeon General of the service and chief of the Bureau of Medical Services. Surviving are his widow, a son and a daughter.

Howard V. Dutrow, M. D., Dayton and Oakwood City; University of Maryland School of Medicine and College of Physicians and Surgeons, 1904; aged 77; died March 19; member of the Ohio State Medical Association, the American Medical Association, American Academy of Ophthalmology and Oto-Laryngology; Fellow of the American College of Surgeons; diplomate of the American Board of Otolaryngology; past-president of the Montgomery County Medical Society; recipient of the OSMA 50-Year Award. Dr. Dutrow's practice in the Dayton area dates from 1913. For 30 months during World War II he served with the Medical Corps of the Army Air Force. He was a member of several Masonic bodies, the Dayton City Club, the Dayton Country Club and the Elks Lodge. Surviving are his widow, a daughter, three sisters and a brother.

Walter Alfred Haldy, M. D., formerly of Cleveland; Western Reserve University School of Medicine, 1902; aged 78; died March 22; former member of the Ohio State Medical Association. A native of Cleveland, Dr. Haldy practiced there for about 40 years, retiring in 1943. Survivors include his widow and a brother.

Harry G. Harris, M. D., Dayton; New York Medical College, 1912; aged 80; died March 25. Dr. Harris was associated with the membership department of the Central YMCA in Dayton until his retirement in 1953. Many years ago he practiced in Jamestown, N. Y. He is survived by his widow and a son.

Clarence E. Hufford, M. D., Toledo; Western Reserve University School of Medicine, 1920; aged 65; died March 25; member of the Ohio State Medical Association, the American Medical Association, the American Roentgen Ray Society, Radiological Society of North America, American College of Radiology, American Radium Society; Fellow of the American College of Physicians; diplomate of the American Board of Radiology; past-president of the Academy of Medicine of Toledo and Lucas County; member and former chairman of the OSMA Committee on Cancer; alternate delegate of the OSMA to the American Medical Association. Dr. Hufford's practice of medicine in the Toledo area dates to 1921. His interest in radiology and cancer brought him national recognition in both fields. Despite his many interests in these fields, he found time to devote to other organization work. He was a past-president of the Northwestern Ohio Medical Association, was active in the Toledo Public Health Association and was a trustee of the Child and Family Agency. He was also a member of the Toledo Area Chamber of Commerce, the Toledo Club and the Presbyterian Church. He was a trustee of the Ohio Division of the American Cancer Society and served many other cancer organizations. Surviving are his widow; his son-in-law and daughter, Dr. and Mrs. Robert Willard; and his mother.

Louis A. Levison, M. D., Toledo; University of Michigan Medical School, 1903; aged 77; died March 10; member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award; member of the American Medical Association; Fellow of the American College of Physicians; diplomate of the American Board of Internal Medicine. Dr. Levison began his practice in Toledo after doing graduate work abroad. In addition to his professional associations, he was active in several Masonic bodies, the Elks Lodge, the Collingwood Temple and B'nai B'rith. Surviving are his widow, a son and a daughter.

George W. Lewis, M. D., Pierpont; Jefferson Medical College of Philadelphia, 1895; aged 87; died March 25. Dr. Lewis opened an office at Pierpont the year after his graduation from medical school and practiced there for 62 years. A veteran of World War I, he was a former member of the American Legion and a 50-Year member of the Masonic Lodge. Four sons survive.

Margaret O'Neal, M. D., Zanesville; Western Reserve University School of Medicine, 1930; aged 54; died March 28; member of the Ohio State Medical Association, the American Medical Association and the American Academy of Pediatrics; member of the OSMA Committee on School Health. A native of Zanesville, Dr. O'Neal began practice there in 1934. In 1942 she became Zanesville's city physician and in 1949 Muskingum County health commissioner, later also serving Guernsey County in the same capacity. Surviving are her mother and a brother.

John M. Sayler, M. D., Dayton; Starling Medical College, Columbus, 1903; aged 79; died March 18. Dr. Sayler had been living in Dayton following retirement as physician for the Balti-

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Beaker B—Ordinary wetting agent

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more and Ohio Railroad, first in Cincinnati and later in Cleveland. From 1903 to 1917 he practiced in Christiansburg. He was a member of several Masonic bodies. Surviving are his widow, a daughter and a son.

Jacob Homer Schaeffer, M. D., Cridersville; Medical College of Ohio, Cincinnati, 1891; aged 93; died March 19; former member of the Ohio State Medical Association. Dr. Schaeffer practiced continuously in Cridersville from 1896 until his retirement five years ago. For many years he was surgeon for the B & O Railroad. He was a member of the Methodist Church and the Odd Fellows. Survivors include his widow, a daughter and a brother.

James F. Wilson, M. D., Washington Court House; College of Physicians and Surgeons of Baltimore, 1909; aged 76; died March 4; former member of Ohio State Medical Association. Dr. Wilson began his practice in Stark County and moved to Good Hope, in Fayette County in 1921. Six years later he moved to Washington C. H. as Fayette County health commissioner. From 1942 to 1945 he was in Rogers City, Mich., as health commissioner, but returned in the latter year to Washington C. H. He was a member of the Methodist Church and the Masonic Lodge. Survivors include his widow, a daughter and two sons.

Bunts Institute in Cleveland To Present Pathology Course

The Frank E. Bunts Educational Institute, affiliated with the Cleveland Clinic Foundation, in conjunction with the Cleveland Society of Pathologists is offering a postgraduate course on Clinical Pathology, Thursday and Friday, May 15 and 16.

The course will be held on the fourth floor of the North Clinic Building located at Euclid Avenue and East 93rd Street, Cleveland.

Registration opens at 8:30 a. m. on Thursday with the first program feature at 9:00 a. m. Registration is $20, with $5 requested for registration in advance.

This course has been coordinated with and immediately precedes the spring meeting of the Ohio Society of Pathologists which will be held Saturday, May 17.

Speakers

(Positions given are in the Cleveland Clinic Foundation unless otherwise indicated.)

Harriet P. Dustan, M. D., Division of Research.

Willard R. Faulkner, Ph. D., Department of Clinical Pathology.

Adrian Hainline, Jr., Ph. D., Department of Clinical Pathology.

(Bunts Institute Program—Cont'd)

Mary Harmon, M. D., Department of Pediatrics.

John R. Haserick, M. D., Department of Dermatology.

William A. Hawk, M. D., Department of Pathology.

James S. Hewlett, M. D., Department of Hematology.

Victor S. Hirsch, M. D., Visiting Pathologist, Sunny Acres Hospital, Cleveland.

George C. Hoffman, M. D., Department of Clinical Pathology.

John W. King, M. D., Department of Clinical Pathology.

Charles L. Leedham, M. D., Director of Education, Frank E. Bunts Institute.

Lena Lewis, Ph. D., Division of Research.

S. P. Masouredis, M. D., Ph. D., Associate Professor of Pathology, University of Pittsburgh, School of Medicine and Associate Director, Central Blood Bank, Pittsburgh, Pa.

Lawrence J. McCormack, M. D., Department of Pathology.

Robert O. Oseasohn, M. D., Department of Medicine and Preventive Medicine, Western Reserve University, School of Medicine and University Hospitals, Cleveland.

Arthur L. Scherbel, M. D., Department of Rheumatic Disease.

Donald A. Senhauser, M. D., Department of Clinical Pathology.

Leonard T. Skeggs, Ph. D., Biochemist, Crile Veterans' Administration Hospital, Cleveland.

Irving Sunshine, Ph. D., Toxicologist, Cuyahoga County Coroner's Office and Assistant Professor of Toxicology, Western Reserve University.

Scott N. Swisher, M. D., Associate Professor of Medicine, University of Rochester, School of Medicine and Dentistry, Rochester, N. Y.

Devina C. Tweed, Ph. D., Department of Clinical Pathology.

Carl E. Wasmuth, M. D., Department of Anesthesiology.

Thursday Morning, May 15

Dr. Hainline, Presiding

8:30 Registration

9:00 Introductory Remarks and Welcome, Dr. Leedham

9:15 **Tri^{131} Uptake in Thyroid Disease,** Dr. King

9:35 **Blood Volume Determinations,** Dr. Wasmuth

9:55 **Medical Aspects of Biophysics,** Dr. Masouredis

10:50 Coffee Break

11:05 **Abnormal Hemoglobins,** Dr. Lewis

11:25 **Certain Aspects of Fungus Disease,** Dr. McCormack

11:45 **Determination of Barbiturate Intoxication,** Dr. Sunshine

12:05 Question and Answer Period

12:30 Lunch—Courtesy of the Bunts Institute.

Thursday Afternoon

Dr. King, Presiding

2:00 **Hemophilia,** Dr. Harmon

2:20 **Parahemophilia,** Dr. Hewlett

2:40 **The Anti-Human Globulin (Coombs) Test,** Dr. Hoffman

3:00 **Clinical and Experimental Transfusion Reactions,** Dr. Swisher

3:50 Coffee Break

4:10 **ABO Sensitizations,** Dr. Senhauser

4:30 **Laboratory Technics in Lupus Erythematosus,** Dr. Haserick

4:50 Question and Answer Period

7:00 Hospitality Hour—Wade Park Manor (Wives Invited)

Friday Morning, May 16

Dr. McCormack, Presiding

9:00 **The Addis Count,** Dr. Dustan

9:20 **Blood pH Measurement,** Dr. Faulkner

9:40 **Protein Bound Iodine Determination,** Dr. Tweed

10:00 **The Use of Isotopes in Clinical Laboratory Diagnosis,** Dr. Masouredis

10:50 Coffee Break

11:05 **Latex Fixation Tests in Rheumatic Diseases,** Dr. Scherbel

11:25 **Technics of Urine Culture,** Dr. King

11:45 **Asian Influenza,** Dr. Oseasohn

12:05 Question and Answer Period

12:30 Lunch—Courtesy of the Bunts Institute

Friday Afternoon

Dr. King, Presiding

2:00 **Laboratory Diagnosis of Tuberculosis,** Dr. Hirsch

2:20 **Serum Iron Determination,** Dr. Hainline

2:40 **Acquired Hemolytic Anemia with Special Reference to Red Cell Physiology,** Dr. Swisher

3:30 Coffee Break

3:45 **Blood Platelets,** Dr. Hawk

4:05 **Automation in the Laboratory,** Dr. Skeggs

4:25 Questions, Answers, and Critique

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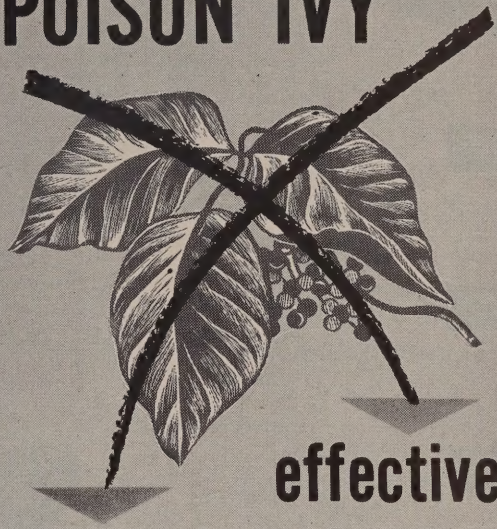

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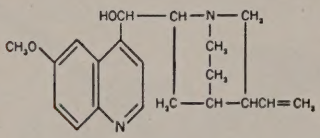
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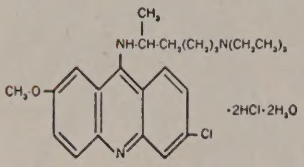
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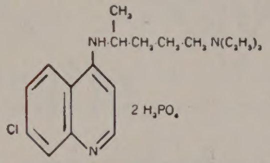
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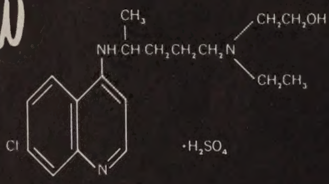
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ENCES:
erbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
och, A.G., and Alexander, L.J.: The Schoch section, *Bull. A. Mil. Dermatologists* 5:25, Nov., 1956.
ableet, Theodore: Arch. Dermat. 73:572, June, 1956.

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ANNUAL AUDIT OF BOOKS OF THE OHIO STATE MEDICAL ASSOCIATION AND THE OHIO STATE MEDICAL JOURNAL FOR YEAR ENDING DECEMBER 31, 1957, BY KELLER, KIRSCHNER, MARTIN & CLINGER, CERTIFIED PUBLIC ACCOUNTANTS, COLUMBUS, OHIO

OHIO STATE MEDICAL ASSOCIATION

Cash and Bonds on Hand, January 1, 1957:		
Cash in Huntington National Bank:		
Accumulated unexpended income of prior years	$ 9,273.18	
1957 Exhibit payments in 1956	6,403.50	$ 15,676.68
Cash in Ohio National Bank (1957 Dues)		36,300.00
U. S. Treasury and Savings Bonds		90,000.00
Total Cash and Bonds		$141,976.68

RECEIPTS

Interest on U. S. Treasury and Savings Bonds	$ 2,327.00	
Interest on Buckeye Fed. S. & L. Savings Account	200.43	
1957 Membership dues collected in 1957	179,500.00	
1958 Membership dues collected in 1957	48,985.00	
1957 Exhibit space collected in 1957	14,251.50	
1958 Exhibit space collected in 1957	5,462.50	
Banquet tickets sold	2,362.50	
Payment for collection of American Medical Association dues	1,854.26	
Total Receipts		$254,943.19
Total To Be Accounted for		**$396,919.87**

DISBURSEMENTS

The Ohio State Medical Journal	$ 35,000.00	
Executive Secretary, salary	16,500.00	
Executive Secretary, expense	1,032.61	
Administrative Assistant, salary	8,000.00	
Administrative Assistant, expense	1,682.92	
Stenographic and Clerical salaries	31,529.45	
President, expense	972.52	
President-Elect, expense	378.05	
Council, expense	3,388.16	
American Medical Association Delegates	3,503.46	
Dept. of Public Relations:		
Director, salary	14,000.00	
Director, expense	1,420.30	
Assistant Director, salary	9,500.00	
Assistant Director, expense	2,187.41	
Exhibits and newspaper publicity	54.53	
Literature	1,835.97	
Postage	1,953.45	
Supplies	527.64	
Miscellaneous Activities	2,364.44	
Standing Committees:		
Public Relations and Economics	443.21	
Scientific Work	531.10	
Judicial and Professional Relations	451.57	
Education	25.00	
Special Committees:		
Auditing and Appropriations	940.00	
Chronic Illness	217.58	
Government Medical Services	139.67	
Hospital Relations	516.63	
Industrial Health	174.77	
Maternal Health	1,483.42	
Military Advisory Chairman, salary	2,250.00	
Military Advisory, expense	154.50	
Miscellaneous	433.92	
Rural Health	5,238.49	
School Health	2,242.39	
Veterans' Affairs	103.49	
Annual Meeting	19,560.85	
Conference County Society Presidents-Secretaries	1,321.67	
Emergency and Equipment Fund	3,385.80	
Employees Retirement Fund	4,392.93	
Insurance and Bonding	3,409.10	
Legal Expense	10,230.16	
Library	204.73	
Postage	2,000.00	
Professional Relations Activities	7,598.84	
Rent and Utilities	8,951.81	
Rural Medical Scholarships	2,000.00	
Stationery and Supplies	3,249.96	
Telephone and Telegraph	2,466.11	
Refunds: Banquet tickets	45.00	
Dues	60.00	
Total Disbursements		$220,053.61

Cash on Deposit; Bonds; Savings Account on Hand, December 31, 1957:		
Huntington National Bank:		
Accumulated unexpended income for 1957	$ 22,218.33	
1958 Exhibit payments collected in 1957	5,462.50	
Total deposit	$ 27,680.83	
Ohio National Bank (1958 Dues)	48,985.00	
U. S. Treasury and Savings Bonds	90,000.00	
Savings Account, Buckeye Fed. S. & L. Co.	10,200.43	
Total Cash, Bonds, and Savings Account		$176,866.26
Total Accounted For		**$396,919.87**

THE OHIO STATE MEDICAL JOURNAL

ASSETS

Current Assets:		
Cash in Ohio National Bank		$ 1,815.64
Petty Cash		30.00
Total Cash		$ 1,845.65
Accounts Receivable: Advertising, net	$ 15,355.22	
Postage deposit	160.00	15,515.22
Total current assets		$17,360.86
Property Assets:		
Furniture and equipment, depreciated value		16,147.90
Total Assets		**$ 33,508.76**

LIABILITIES AND NET WORTH

Net Worth, December 31, 1956	$ 30,612.03	
Net income for year ended December 31, 1957	2,896.73	
Total Net Worth, December 31, 1957		$33,508.76

STATEMENT OF PROFIT AND LOSS

Income:		
Advertising, gross		$ 83,190.03
Less: Commission on advertising	$ 8,849.34	
Cash discount on advertising	729.70	9,579.04
Advertising income, net		$ 73,610.99
Ohio State Medical Association appropriation		35,000.00
Subscriptions and sales		1,147.40
Ohio State Medical Association appropriation for equipment		2,750.22
Repayment of postage and supplies		112.57
Total net income		$112,621.18
Expenses:		
Salaries	$ 14,760.00	
Journal printing	86,828.72	
Journal postage	1,407.15	
Stationery, printing, and supplies	3,882.78	
Illustrations and engravings	594.25	
Travel expense	118.00	
Miscellaneous postage	244.45	
Miscellaneous expense	150.00	
Depreciation	1,633.20	
Bad debts (unpaid advertising)	105.90	
Total expenditures		$109,724.45
Net Income for the year		**$ 2,896.73**

Activities of County Societies . . .

First District

(COUNCILOR: CHARLES W. HOYT, M. D., CINCINNATI)

ALLEN

Dr. James R. Jarvis was guest speaker at the March 18 meeting of the Academy of Medicine of Lima and Allen County. His discussion was on legislative matters pertaining to the medical profession and the public.

HAMILTON

Dr. Irvine H. Page, director of research at the Cleveland Clinic, was the guest speaker for the March 18 meeting of the Academy of Medicine of Cincinnati. His subject was "Fat, Cholesterol and Arteriosclerosis."

For the April 1 meeting a symposium on "Open Heart Surgery," was held as a joint meeting with the Heart Council. Guest speakers were Dr. Donald B. Effler, chief of the Department of Thoracic Surgery, Cleveland Clinic, and Dr. F. Mason Sones, Jr., director of the Heart Catheterization Laboratory, Cleveland Clinic.

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CLARK

A University of Iowa professor addressed the Clark County Medical Society at the group's March 17 general meeting in Hotel Shawnee, Springfield.

The Speaker was Dr. Raymond G. Bunge, professor of urology, University of Iowa College of Medicine, Iowa City, Ia.

Dr. Bunge's topic was "What Is Sex After All?" The talk was based on research the doctor had done in differentiating sexes by microscopic examinations of skin specimens.

Program chairman for the Clark County Medical Society is Dr. E. H. Winterhoff. He is assisted by Doctors George Smith, co-chairman; Harold Fishbain, G. R. Horton, George Parker and John Elliott.—Tom Duross.

DARKE

"Use of Hormones in Obstetrics and Gynecology," was the subject discussed by Dr. John M. Roll, Dayton, at the March 18 dinner meeting of the Darke County Medical Society in Greenville.

GREENE

Dr. Clarence G. McPherson, Xenia, who began the practice of medicine in Greene County in 1908, was honored for his half century of service at the 10th anniversary dinner of the auxiliary to the Greene County Medical Society, attended by 57 persons March 19 at the Antioch Union at Yellow Springs.

Dr. McPherson was graduated from Ohio State University medical school in 1908 and began his medical practice that same year. He has continued to practice in Xenia except for a period during World War I when he served in the Medical corps.

The 50-year medical veteran also formerly was a member of the Xenia City Commission and also has served in the past as secretary, vice-president and president of the Greene County Medical Society. For many years, he also served as delegate from Greene County to the Ohio State Medical Assembly.

Dr. Dean Dooley, Dayton, district counselor of the Ohio State Medical Association, presented Dr. McPherson with a certificate and 50-year pin and congratulated him on his long period of service.

Dr. Benjamin Lee, Xenia, president of the Greene County Medical Society, gave the response to the presentation.—*Xenia Gazette.*

MIAMI

The Miami County Medical Society was host to the Shelby County Medical Society for a luncheon meeting and program on April 3. The meeting was at the Piqua Country Club. Guest speaker was Dr. Drew J. Arnold, assistant professor of surgery, Ohio State University, whose subject was, "Regional Ileitis."

MONTGOMERY

The General Practice Section of the Montgomery County Medical Society and the local group of the Academy of General Practice met for a program on March 19 and luncheon at the Van Cleve Hotel, Dayton. Speaker was Capt. L. J. Filer, of the research unit at Wright-Patterson Air Force Base.

The Dayton Medical Foundation, established by the Medical Society in 1951 for research and education purposes, has renewed its grant of $3,000 for operation of the central homograft bank in Dayton.

Dr. A. V. Black, President of the Montgomery County Medical Society, announced the appointment of Kenneth C. Evans as associate executive secretary of the Society. Mr. Evans received education in business administration at Ohio State University and served as an Army captain in the European theater during World War II. He worked in expense control for several years at the

Frigidaire plant, and lately has been business manager of the Westminster Presbyterian Church in Dayton. Mr. Evans is married and the father of two daughters.

Third District

(COUNCILOR: FLOYD M. ELLIOTT, M. D., ADA)

LOGAN

Dr. Sidney J. Glueck, Springfield, was principal speaker on March 7 before the Logan County Medical Society. The dinner meeting was held in the Mary Rutan Hospital in Bellefontaine. Dr. Glueck spoke on "Eye Diseases and Eye Surgery."

Fourth District

(COUNCILOR: PAUL F. ORR, M. D., PERRYSBURG)

SANDUSKY

At the March meeting of the Sandusky County Medical Society the question of social security for doctors was discussed for the second time. This time the results were unanimously against physicians being included under the social security program.

At the March meeting, 50-Year Pins were presented to Dr. C. M. Cooper, of Bellevue, and Dr. E. A. Baker, Clyde. Presentations were made by Dr. Paul F. Orr, Perrysburg, Councilor of the Fourth District.—Paul E. Burson, M. D., Secy.

Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

LAKE

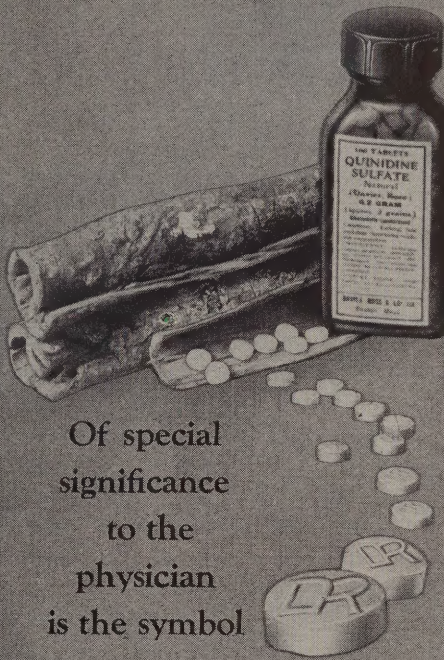
The Lake County Medical Society held its March 12 meeting at Hellriegel's Inn, with Dr. Robert A. Irvin presiding. Forty members and two guests attended.

An announcement of the Poison Information Center, established by the Cleveland Academy of Medicine, was made. Lake County physicians are urged to avail themselves of this community service.

Dr. George Petznick, Councilor for the Fifth District, attended and spoke about a number of changes in medicine, and urged physicians to be aware of these problems. He recommended a pamphlet "What Everyone Should Know About Doctors" for waiting-room literature.

Dr. Myron Perlich, Assistant Professor of Medicine at Western Reserve University and head of the TB Division at Cleveland City Hospital, spoke on "The Significance of Positive Tuberculin and Positive Patch Tests in the Younger Age Groups."

A film "Time and Two Women" put out by



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Q-7

the American Cancer Society was shown, and approved for showing to the lay public by the Medical Society. — Marjorie S. McLaren, Executive Secretary.

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

COLUMBIANA

Dr. Leo H. Criep, of Pittsburgh, was guest speaker at a dinner meeting of the Columbiana County Medical Society on March 12. Dr. Criep is medical lecturer of immunology and chief of the allergy clinic at the University of Pittsburgh.

TRUMBULL

More than 100 doctors and lawyers attended a combined dinner meeting of the Trumbull County Bar Association and the Trumbull County Medical Society at the Trumbull Country Club March 19.

They were treated to a discussion on medical-legal problems by two prominent Cleveland men, Oliver Schroeder, director of the law medicine institute of Western Reserve University, and Dr. Lester Adlson, assistant coroner and pathologist of Cuyahoga County.

The program was entitled "Observation, Inference, Presumption, the Medical-Legal Aspects."—*Niles Times.*

Seventh District

(COUNCILOR: ROBERT HOPKINS, M. D., COSHOCTON)

BELMONT

The Belmont County Medical Society with the Auxiliary met at the Belmont Hills Country Club on March 20 for dinner and a program. Speaker was Dr. William H. Havener, Ohio State University Department of Ophthalmology, who discussed, "Red Eye as Seen in Everyday Practice."

Tenth District

(COUNCILOR: E. H. ARTMAN, M. D., CHILLICOTHE)

FRANKLIN

The Columbus Academy held its quarterly dinner meeting and program at the Neil House in Columbus on April 9. The program consisted of the showing of the film, "The Medical Witness," a panel discussion on the various aspects of medical testimony, a short business meeting, a social period, dinner, and a talk by the guest speaker. The subject, "Law, Medicine and the Truth," was discussed by Oliver C. Schroeder, Jr., Cleveland attorney, director of the Law-Medicine Center and professor in the School of Law, Western Reserve University.

ROSS

Dr. William Molnar, of the Radiology Department, Ohio State University, presented a program to members of the Ross County Academy of Medicine on March 6. His topic was "The Specific Methods of X-Ray Diagnosis of the Portal Circulatory System." Dr. Lewis Coppel, president of the Society, presided.

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

The March meeting of the Lorain County Medical Society was held at the Oberlin Inn Tuesday, March 11. The doctors honored their wives as guests of the Society. Dr. H. T. Pease, Councilor of the 11th District, and his wife were also guests of the Society. In all, 121 members and guests attended.

A brief review of the beginnings of the Lorain County Medical Auxiliary was presented by the president, Dr. B. V. Myers. Mrs. S. J. Birkbeck was given an ovation as first president of this fine organization.

Drs. Albert A. Fisk, Konstantis Jakobson, Tamas A. Lanczy and Antonio Trzeciak were elected to Active Membership. An executive secretary, Mrs. H. A. Zealley of Elyria has been hired.

The Annual Lorain County Symposium to be held May 7, at the Oberlin Inn, was announced. The speakers for the Symposium to come from Western Reserve School of Medicine.

The entertainment of the evening was provided by Mr. Hank Bothe of Elyria, a color motion picture with authentic African sounds — entitled "African Safari"—professionally done escapist fare for the busy M. D. who may dream of hunting big game in Tanganyika.—L. C. Meredith, M. D., Secretary-Treasurer.

RICHLAND

On February 27 the Richland County Medical Society held its meeting in the Westinghouse Electric Corporation plant, Mansfield. Following a welcome and a short talk about the facilities by the works manager, Mr. William Heald, supervisor of the Westinghouse Insurance Plan for Employees, spoke concerning the plan and how cooperation between the plant and the doctors can reduce the work involved for each and improve service to the patient. A question and answer period followed during which several problems were clarified. Seventy-six members of the Society were present for the affair and all present took a plant tour following the meeting in the auditorium.

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New Members of OSMA

The following are the names of the new members of The Ohio State Medical Association since February 1st, 1958. The list shows the county in which they are affiliated, city in which they are practicing, or temporary address in cases where physicians are taking postgraduate work.

Belmont County

Richard E. Lewis, St. Clairsville

Clark County

Richard H. Tapogna, Springfield

Clermont County

Robert R. Freund, Loveland

Cuyahoga County

Borys G. Andriewsky, Cleveland
Kenneth C. Archibald, Cleveland
Verners Berzins, Cleveland
Byron M. Bloor, Cleveland
Richard C. Britton, Cleveland
Kenneth H. Burdick, Cleveland
Marvin G. Brook, Cleveland
David J. Chesler, Maple Heights
Sophie Chmielnicki, Cleveland
Leslie S. Dean, II, Rocky River
Bernard V. Dryer, Cleveland
Edwin H. Eigner, Cleveland
George G. Graham, Cleveland
Keith R. Irish, Cleveland
John J. Johnson, Cleveland
Matthew N. Levy, Cleveland
Joseph F. Lydon, Cleveland
Rachel B. McDougal, Cleveland
Clifford D. Molzahn, Cleveland
Irene Sym Plaskach, Cleveland
David J. Samon, Cleveland
Otto P. Schumacher, Cleveland
Richard H. Seibert, Cleveland
Richard T. Silvers, Cleveland

Darke County

Alvan E. Thuma, New Madison

Franklin County

Winslow J. Bashe, Jr., Columbus
Herbert G. Birck, Columbus
Robert M. Blizzard, Columbus
Norman S. Brandes, Columbus
Bertram D. Dinman, Columbus
Alexander Horava, Columbus
Richard T. Messick, Columbus
Richard E. O'Brien, Columbus
Robert L. Reinhart, Columbus
John K. Scott, Columbus
Christodoulos B. Theodotou, Columbus
Robert E. Visintine, Columbus
Wilburn H. Weddington, Columbus

Gallia County

Edwin F. Aune, Gallipolis

Geauga County

David A. Corey, Chardon

Hamilton County

W. Donald Heuer, Cincinnati
Nathan Polasky, Cincinnati
James Poon, Indianapolis, Ind.
Erich Spiro, Cincinnati
Eduardo Z. Schmidt, Cincinnati

Hancock County

Samuel F. Lowery, McComb

Jefferson County

Raymond B. Cagnina, Brilliant

Knox County

Lee F. Kramer, Mt. Vernon

Licking County

Andrew M. Gulliford, Newark

Lorain County

John H. Adrain, Los Angeles, Calif.
Peter Volodkevich, Elyria

Lucas County

Franz Berlacher, Toledo
Doris A. Berlin, Toledo
Jerrold L. Berry, Toledo
Edward Conrad, Toledo
Bernard J. Cullen, Toledo
Simon Dorfman, Toledo
Richard F. Gehring, Toledo
Thomas W. Holmes, Jr., Toledo
Stanislaus Jaudzems, Toledo
John J. Ockuly, Toledo
Peter A. Overstreet, Toledo
Barbara B. Stein, Toledo

Madison County

Julio A. Ayulo, Mt. Sterling

Mahoning County

Vitalij Holonko, Youngstown
David D. Krongold, Youngstown
Frederick H. Sassler, Youngstown
William H. Taake, Youngstown
James Medley, Youngstown
John J. Turner, Youngstown

Montgomery County

Ian H. Brown, Dayton
Wallace E. Johnson, Dayton
Benjamin Schuster, Dayton
Gordon E. Smith, Dayton

Richland County

Barbara A. Reed, Mansfield
George W. Loesch, Mansfield

Sandusky County

William M. Hindman, Fremont

(Continued in Next Column)

Medical-Hospital Benefits Paid in Ohio Total $168-Million in 1957

Benefit payments by insurance companies to the people of Ohio who are covered by health insurance policies reached a new high during 1957, the health Insurance Institute reported today.

In the period from January 1 through December 31, 1957, said the Institute, over $168.5-million was paid out to help cover the cost of hospital and doctor bills, and to replace income lost through sickness or disability. This represents a 17.5 per cent gain over the 1956 figure of $143.4-million, and is based upon reports from insurance companies doing business in the state.

The rise in benefit payments in Ohio was also reflected in the figures for the nation as a whole, the Institute further noted. Persons protected against the expenses of hospital and medical care and treatment received a total of $2.5-billion in benefits from their insurance company policies in 1957, up 16.1 per cent over the previous year's high of $2.1-billion. By the end of the year, an estimated 70-million persons were covered by health cost policies bought from insurance companies, more than all other types of voluntary health plans combined.

Several Changes Have Been Announced Among Local Health Officers

It was announced recently that Dr. Charles Roy Steingrube has been named to succeed Dr. J. P. Owens as Hamilton County health commissioner.

Dr. Hilbert Mark, director of local health administration for the Minnesota Department of Health, has been named Toledo health commissioner.

In the Trumbull County Health Department, Dr. David R. Mathie succeeded Dr. R. L. Thomas.

Dr. O. C. Jackson became Monroe County health commissioner recently.

Acting health commissioner for the Butler County Department is Dr. James A. Schaal. A full-time health officer is sought.

The Washington County Health Department has joined with the City of Marietta to employ a full-time health officer. He is Dr. Richard L. Wenzel, formerly with the Columbus Health Department.

(New OSMA Members—Cont'd)

Seneca County

Olierd C. Garlo, Tiffin

Stark County

Peter D. Peters, Minerva
Anne W. Robinson, Canton

Summit County

Cloyd F. Wharton, Jr., Akron
Donald S. Nelson, Akron

Wayne County

Jerry N. Bosnak, Wooster
Robert E. Schulz, Wooster

Wood County

John H. Marsh, Bowling Green

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Women, of course, like "Premarin," too, because it quickly relieves their symptoms and gives them a "sense of well-being."

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Activities of Woman's Auxiliary . . .

Woman's Auxiliary to AMA

The thirty-fifth annual meeting of the Woman's Auxiliary to the American Medical Association will be held in San Francisco, California, June 23 to 27, 1958, with headquarters at the Hotel Fairmont.

A cordial invitation is extended to all members of the Woman's Auxiliary, their guests and the guests of physicians attending the convention of the American Medical Association, to participate in all social functions and attend the general meetings of the Auxiliary. Tickets for the various social functions will be available at the registration desk. The Hospitality Room will be in the Green and Empire Rooms on the first floor.

Registration will start at noon on Sunday, June 22.

Monday, June 23—Round table discussions on all facets of Auxiliary activities and programs will be held in the morning and early afternoon. Later in the afternoon the annual tea in honor of the National President and President-Elect will be held, Mark Hopkins Hotel, Peacock Court.

Tuesday, June 24—General meeting and luncheon in honor of the national past-presidents. In the afternoon will be State Projects Reports with the National Committee Chairmen as moderators.

Wednesday, June 25—General meeting and luncheon in honor of the national president and president-elect. Dr. David B. Allman, president of the American Medical Association, will be the guest speaker. Round table discussions will be continued immediately following luncheon.

Thursday, June 26—General meeting until noon. Meeting of the Board of Directors in the afternoon, followed by informal discussion of committee programs for 1958-59 with the national committee chairmen.

Friday, June 27—Postconvention conference of state presidents, presidents-elect, national committee chairmen, and members.

To allow more free time, the annual dinner will be eliminated this year.

On Thursday afternoon a tour of outstanding homes with beautiful views of San Francisco Bay have been chosen for this House Tour.

The January 4, 1958, issue of the *AMA Journal* carried a list of the hotels with prices and a reservation form. Please use it when requesting reservations. The Housing Bureau has been instructed to give this form preference in the allocation of rooms.

BUTLER COUNTY

The Butler County Bar Association Auxiliary members were guests at the March 25 meeting of the Butler County Medical Auxiliary luncheon at the Hamilton City Club.

Mrs. Andrew Chevey, Bar Auxiliary president, introduced her officers. Mrs. Joseph Peil, Medical Auxiliary program chairman, introduced Mrs. Lynn Blevins and Mrs. Arthur Hoffman, both of Anderson, Indiana, who presented the program a skit entitled "I'm Sure, My Love." Mrs. Hoffman highlighted the skit by vocal selections between the acts.

Those present from Middletown were Mrs. Peter Ammertoys, Mrs. Rodney Caudill, Mrs. Ross Hill, Mrs. Peil, Mrs. John Sawyer, Mrs. Calvin Skinner, Mrs. Gilbert Wagoner, Mrs. Paul Woodward, Jr., Mrs. Louis Gaker, Mrs. Robert Tennant and Mrs. Clifford Fering.

ERIE COUNTY

The Woman's Auxiliary to the Erie County Medical Society created a St. Patrick's Day theme for their monthly meeting held at the Business Women's Club.

Following the luncheon, the guest speaker, Mrs. James Rhiel, a Port Clinton doctor's wife and former art teacher at Ohio State University, gave a talk entitled "Art as a Personal Experience."

A short business meeting followed in which Mrs. Sigismund Veechey repeated the Auxiliary pledge and was welcomed as a new member.

FAIRFIELD COUNTY

Seventeen members of the Woman's Auxiliary to the Fairfield County Medical Society enjoyed a luncheon in the home of Mrs. Galon Rodabaugh on March 10. Assistant hostesses were: Mrs. F. A. Dowdy, Mrs. C. H. Hamilton, Mrs. H. M. Amstutz and Mrs. L. H. Urling.

The President, Mrs. George LeSar, conducted the business meeting. She announced that $75 had been donated to the American Medical Education Foundation by the local auxiliary.

Mrs. Rodabaugh, chairman of Nurse Recruitment, reported that her committee had consulted with the hospital staff, and plans have been made to give the senior members of the Lancaster High School Future Nurses' Club an opportunity to spend a night and a day at the Nurses' Home.

Mrs. C. R. Reed read the report from the nominating committee as follows: Mrs. G. F. Jones, president; Mrs. C. F. Clark, president-elect; Mrs. James Beesley, vice-president; Mrs. W. D. Nusbaum, secretary; and Mrs. C. H. Hamilton, treasurer.

The public was urged to attend the free movies at the Palace Theatre to view two films on cancer,

New...
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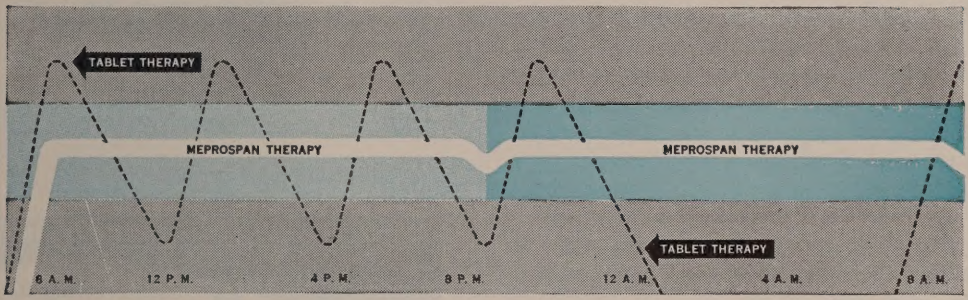

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"The Other City" and "Time and Two Women." A question and answer period followed the showing of the films.

HAMILTON COUNTY

A four-year college scholarship leading to the degree of Bachelor of Science in Nursing has been provided by the Woman's Auxiliary to the Hamilton County Medical Society from its educational and philanthropic fund. Mrs. Robert H. Kotte, is chairman of the committee which worked out the details and requirements of the grant.

A series of four television shows depicting the opportunities and requirements of fourteen specific careers in health was presented in 12 telecasts from April 3 to May 2 by Station WCET-TV. The Auxiliary worked with the Committee on Careers in Health of the Cincinnati Hospital Council in producing the shows. In the cast of the first show, which dramatized opportunities in nursing, were high school girls from the Future Nurse Clubs which the Auxiliary sponsors in 11 Greater Cincinnati high schools. Mrs. Robert R. Pierce and Mrs. Edgar S. Lotspeich were the chairmen of this project.

The Auxiliary Choral Group, under the chairmanship of Mrs. Robert E. Drone, presented a varied program of songs in a television performance on April 8.

MAHONING COUNTY

More than 135 young women who plan to make nursing their careers learned more of that profession at the annual tea given March 11 at Stambaugh Nurses' Home at St. Elizabeth Hospital by the Woman's Auxiliary to the Mahoning County Medical Society. Invitations went out to junior and senior students of county and city schools who are scholastically qualified and interested in nursing. Mrs. John A. Renner, nursing school and recruitment chairman representing St. Elizabeth Hospital; Mrs. Lawrence Weller, who holds the same position at the Youngstown Hospital Association; Mrs. C. E. Pichette and Mrs. Frank Gelbman attended the tea table.

Speaker for the day was Miss Mary Code, director of nursing at St. Elizabeth whose topic was "Nursing as a Profession." The program was also highlighted by a tour of the hospital and school of nursing conducted by student nurses. Mrs. Cary S. Peabody presided at the auxiliary's business meeting which followed the tea.

RICHLAND COUNTY

Members of the Woman's Auxiliary to the Richland County Medical Society entertained their husbands at a dinner party on March 13 at the Sky Club. Sixty couples were present.

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A St. Patrick's Day theme was used for the party, which was preceded by a cocktail hour. Special entertainment was provided by an orchestra comprised of a group of physicians. A "roaring 20's" dance routine was presented.

Mrs. L. D. Bonar was general chairman in charge of arrangements.

ROSS COUNTY

Mrs. H. M. Crumley reported on the success of Health Career Club at Chillicothe High School at the dinner meeting of the Woman's Auxiliary to the Ross County Medical Society held at the Lynne House.

She told the group that Career Club members toured Chillicothe Hospital recently and are planning to have a speaker from the Armed Forces Nursing Corps. They also are hoping to hear a talk by a nurse who has worked in a disaster area. A Red Cross film "Beyond the Call of Duty" was shown at the club's meeting on March 13.

The meeting was conducted by Mrs. Robert Swank who reported on the success of the Stork Club and noted that the group will meet twice a year instead of four times a year as in the past.

Other reports were given by Mrs. David McKell, exceptional child committee and Mrs. Crumley, nominating committee.

Mrs. Swank conducted the meeting of Hospital Guild 1 following the auxiliary session.

STARK COUNTY

The Woman's Auxiliary to the Stark County Medical Society met for a luncheon on March 19 in the Vogue Room of the Belden Hotel.

The program was a style show, with fashions by Polsky's. Highlight of the show, narrated by Miss Celia Marks, was "Surprise Jane," a model whose ensemble was auctioned for the American Medical Education Fund.

Mrs. Richard G. Spitzer presided at the business session which followed the luncheon. The membership voted to supplement the amount in the treasury for the American Medical Education Foundation to bring the total donated by Stark County to $1000.00.

Mrs. Cleon Couch was general chairman, assisted by Mrs. James Kilduff.

SUMMIT COUNTY

The Woman's Auxiliary to the Summit County Medical Society did not have a meeting in March due to the Eleventh Annual Health Days, held March 7-8-10th in the Auditorium of O'Neil's Department Store during the store hours. Chairman of the committee was Mrs. J. W. Parks. The theme this year was "Good Health a Community Endeavor." Forty-eight Health and Welfare Agencies participated. The Akron Chamber of Commerce's exhibit was on Safety. The Mansfield State Patrol showed slides and talked on Auto Fatalities. An interested group was comprised of the children in High School driving classes. Mr. Oldham, of the National Safety Council, looked over the show. The Summit County Medical Society exhibit "Life Begins" was repeated this year by popular request. Since 360 letters were sent to schools many students were required to visit this exhibit. There were 1578 free chest X-Ray's, 590 dental X-Ray's and 950 hearing tests given by the Summit County Association of Speech and Hearing Therapists.

Summit received excellent radio coverage with two programs, and *The Akron Beacon Journal* gave good newspaper coverage. Through these efforts approximately 8000 people attended the 1958 Health Days.

TRUMBULL COUNTY

A coffee klatch marked the March meeting of the Auxiliary to the Trumbull County Medical Society which was held at the Trumbull Memorial Hospital Auditorium. A short business meeting

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was conducted by the president, Mrs. Clyde Muter who then introduced the guest speaker, Mr. Charles Crause, the Aetna representative of the Crause Insurance Agency of Warren. "Are Women Drivers?" was the theme of the program during which Mr. Crause used the Aetna Drivaquiz and re-actometer machines to rate the driving skill of his audience. A question and answer period was then held during which Mr. Crause answered inquiries about insurance coverage.

Several husbands of the members and resident hospital doctors also joined the group for the driving tests. Mrs. A. A. Guiducci and Mrs. L. A. Loria acted as co-hostesses for the meeting.

Telling the Story of Ohio's Services to the Blind

Three films dealing with blindness are being developed by Services for the Blind, Ohio Department of Public Welfare. The films, financed jointly by the Department of Welfare, Standard Oil of Ohio, and the Department of Health, Education and Welfare, are receiving national attention according to Mrs. R. L. Ireland, director of the Department of Welfare. Federal rehabilitation authorities feel that distribution of movies through television and other channels will serve as a demonstration project in bringing much needed knowledge to the problems of blindness to the citizens of Ohio.

The films, now in production under supervision of Cinecraft Productions, Inc. of Cleveland, follow scripts prepared by Storycraft, Inc. of which Frank Siedel, originator of The Ohio Story, is president.

"Case Closed" tells the overall story of services to blind people. The second film, "The Taxpayers" tells about the program of vocational rehabilitation for blind persons. It explains how a blinded person with appropriate help returns to the role of taxpayer indicating that rehabilitation services are a wise investment of state and federal funds.

A voluntary contribution by Standard Oil of Ohio made possible the production of the third movie, "Save Your Sight." This film documents eye diseases and accidents, contains much information on conservation of vision, and the importance of early detection, and stresses the need for early referral for medical care.

Shooting of the films are taking place in various Ohio locations. In many instances, professional actors and narrators are being used, while in others, supervisors, field workers, home teachers, ophthalmologists and blind individuals play themselves. The films will be in full color and sound. A tentative date for the premier showing in Columbus is June 18th.

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The United States Section of the International College of Surgeons will again offer its Annual Postgraduate Course, in cooperation with the Cook County Graduate School of Medicine. It will be a two-week intensive review course in General Surgery presented at the Graduate School, and in the wards and operating rooms of Cook County Hospital. Because the course has been oversubscribed in previous years, it will be offered twice in 1958.

The program will be offered under the supervision of the Hospital's Surgical Staff. It will include illustrated lectures, motion pictures, anatomy demonstrations, operative clinics and practice surgery by the participants on anesthetized dogs. Consideration will be given not only to surgical technic, surgical complications and management of the surgical patient, but also to an intensive review of the basic sciences in relation to clinical surgery. In addition to twenty hours of surgical anatomy on the cadaver, the program will include lectures and demonstrations on various aspects of general surgery.

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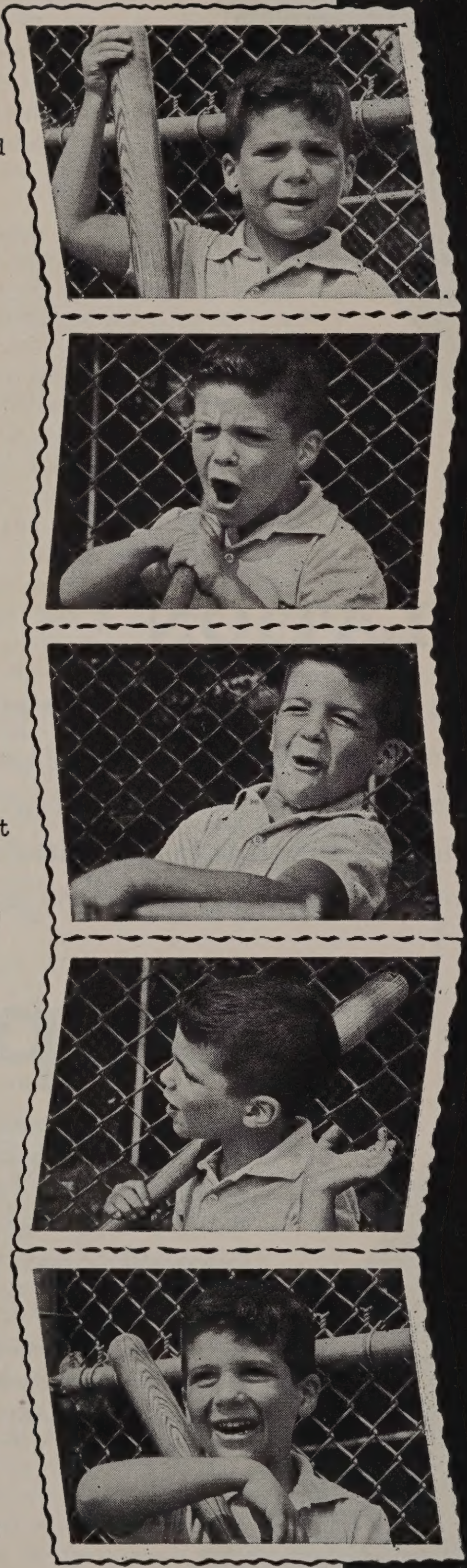

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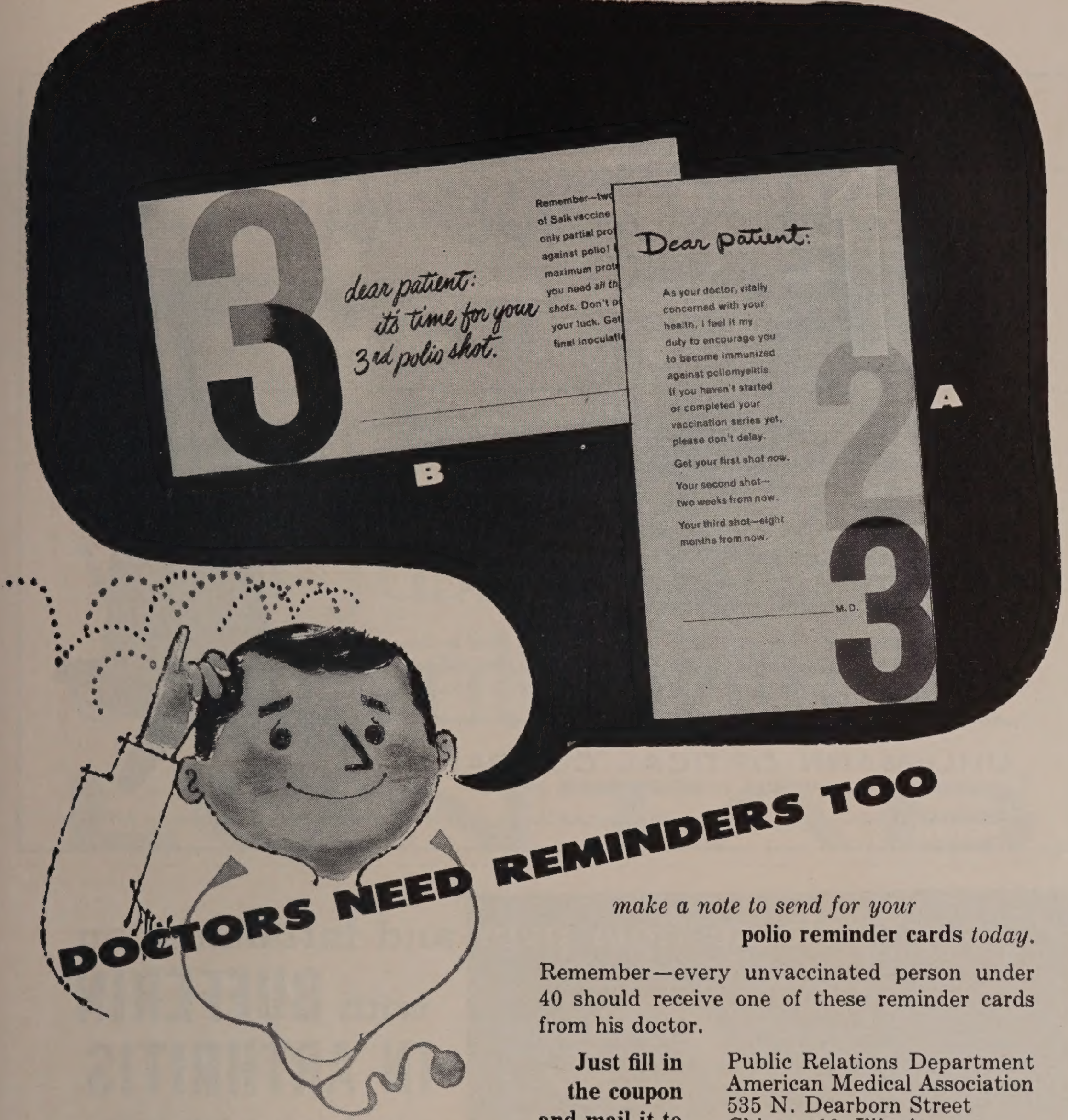

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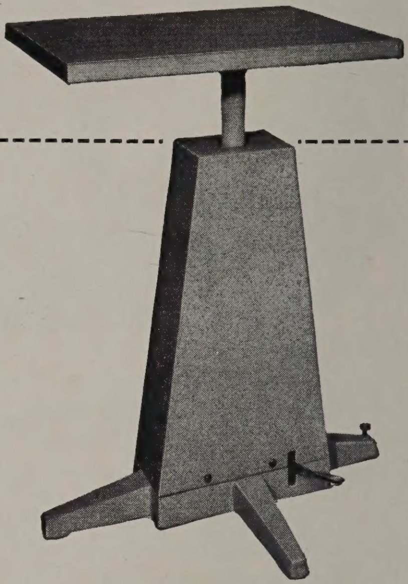

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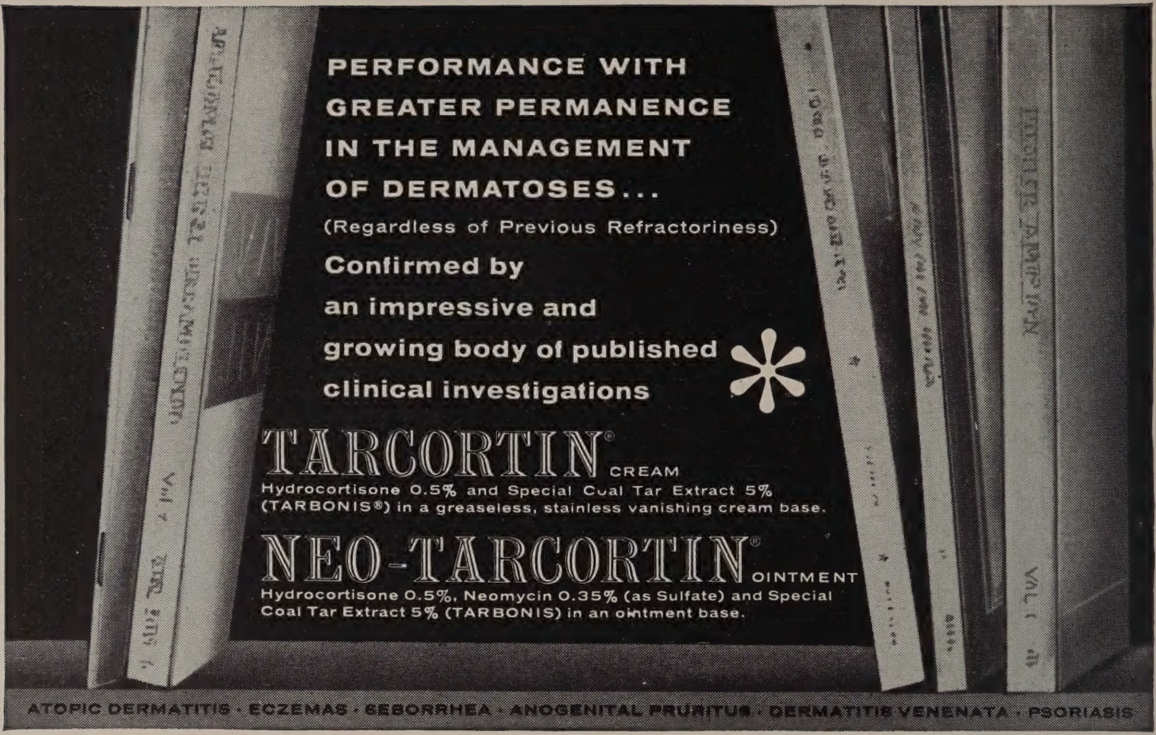

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* 1. Clyman, S. G.: Postgrad. Med. *21*:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey *53*:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. *3*:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. *50*:837, 1954.
5. Bleiberg, J.: Am. Practitioner *8*:1404, 1957.

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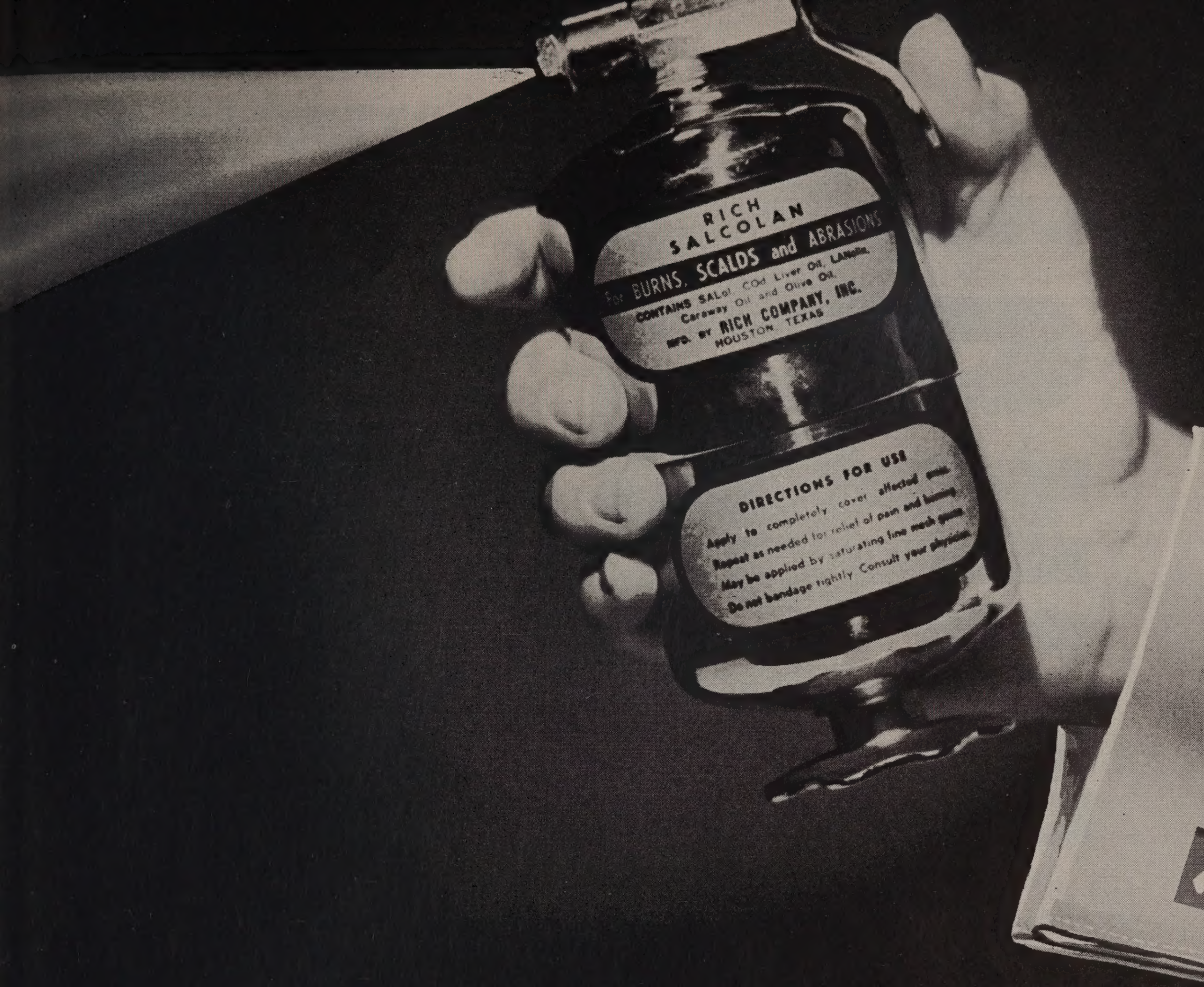
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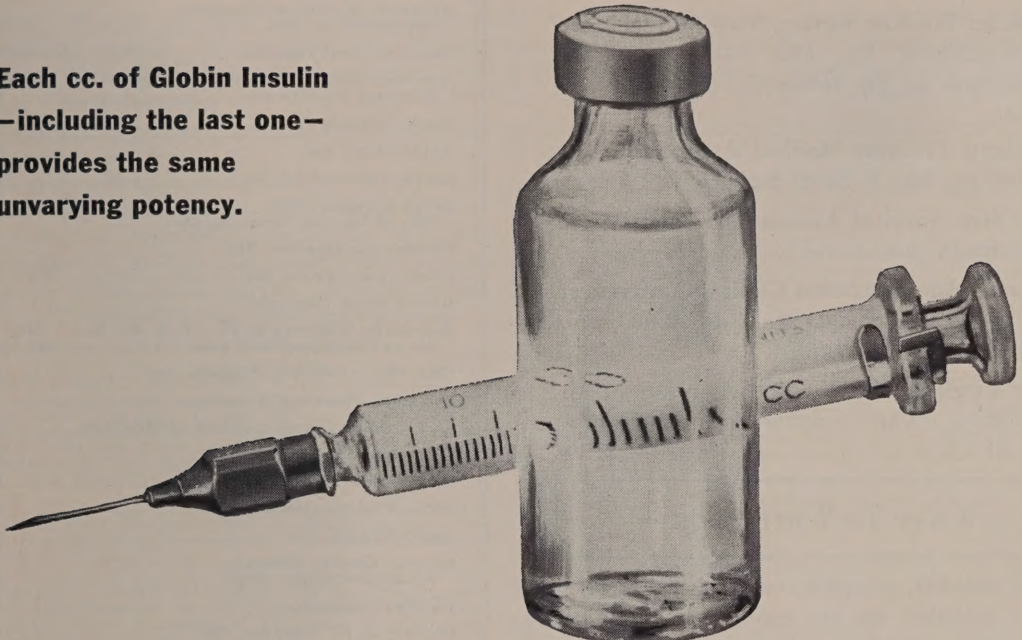

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Northern Tri-State Medical Association, Annual Meeting, May 8, South Bend, Ind.

Ohio State Surgical Association, Annual Meeting, Cincinnati, June 4 and 5.

Veterans Administration Clinical Conferences, Weekly on Wednesdays, 8:00 to 9:00 a. m., Cuyahoga Bldg., Cleveland.

West Virginia State Medical Association, Annual Meeting, White Sulphur Springs, W. Va., August 21-23.

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Cancer Mortality Among Native White, Foreign-Born White and Nonwhite Male Residents of Ohio: Cancer of the Lung, Larynx, Bladder, and Central Nervous System. This extensive study is reported by Thomas F. Mancuso, M. D., M. P. H., Chief of Division of Industrial Hygiene, and Elizabeth Jackson Coulter, Ph. D., chief statistician, Division of Vital Statistics, Ohio Department of Health, as it appeared in the *Journal of The National Cancer Institute.* Write National Cancer Institute, Washington, D. C.

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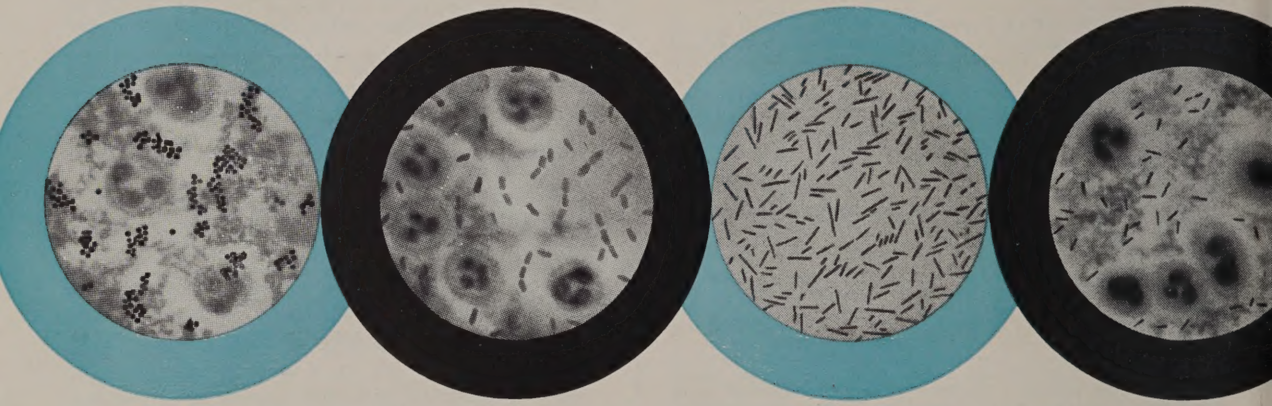

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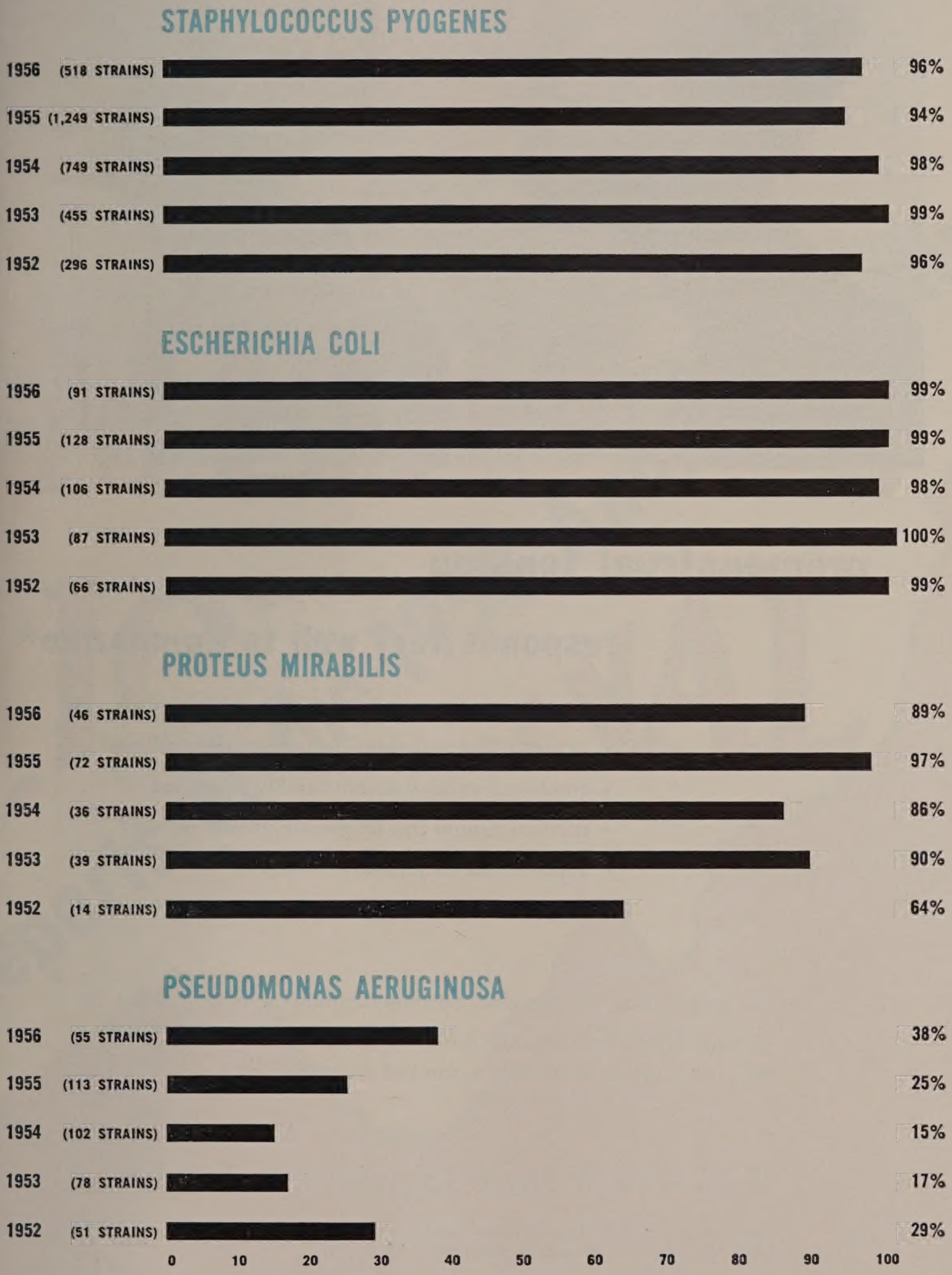

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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. **32**:705 (Dec. 11) 1957.
(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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OTTAWA—Cyrus R. Wood, President, Port Clinton; Robert W. Minick, Secretary, Oak Harbor. 2nd Thursday, monthly.

PAULDING—Edythe C. Pritchard, President, Paulding; D. E. Farling, Secretary, Payne. 3rd Wednesday, monthly.

PUTNAM—Joseph J. McHugh, President, Ottawa; Will W. Moody, Secretary, Vaughnsville.

COUNTY SOCIETIES' OFFICERS AND MEETING DATES (Continued)

SANDUSKY—Edwin C. Swint, President, Fremont; Paul E. Burson, Secretary, Bellevue. 3rd Wednesday, monthly.

WILLIAMS—David S. Brown, President, Stryker; Harvey F. Doe, Secretary, Edgerton. 3rd Tuesday, monthly.

WOOD—Stewart J. Smith, President, Bowling Green; Richard L. Pearse, Secretary, Bowling Green.

FIFTH DISTRICT

ASHTABULA—Walter J. Brown, President, Conneaut; Robert J. Zimmerman, Secretary, Conneaut. 2nd Tuesday, monthly.

CUYAHOGA—Thomas D. Kinney, President, Cleveland; Mr. Robert A. Lang, Executive Secretary, 2009 Adelbert Road, Cleveland 6. 2nd Tuesday, monthly.

GEAUGA—Hubert E. Shafer, President, Middlefield; Alton W. Behm, Secretary, Chardon. 2nd Friday, monthly.

LAKE—Robert A. Irvin, President, Painesville; Mrs. Owen A. McLaren, Executive Secretary, 1051 Cadle Avenue, Mentor. 2nd Tuesday, monthly, except July and August.

SIXTH DISTRICT

COLUMBIANA—Roy C. Costello, President, East Liverpool; William J. Horger, Secretary, East Liverpool.

MAHONING—Andrew A. Detesco, President, Youngstown; Mrs. Mary B. Herald, Executive Secretary, 125 Commerce Street, Youngstown 3. 3rd Tuesday, monthly, except July and August.

PORTAGE—Rufus P. McCormick, President, Ravenna; Don P. VanDyke, Secretary, Kent. 3rd Tuesday, monthly.

STARK—Roy H. Clunk, President, Massillon; Mr. E. M. Sprunger, Executive Secretary, 405 Fourth Street, Canton 2. 2nd Thursday, monthly.

SUMMIT—Arthur Dobkin, President, Akron; Mr. Sidney H. Mountcastle, Executive Secretary, 437 Second National Building, Akron 8. 1st Tuesday, monthly, September through June.

TRUMBULL—Aubrey L. Sparks, President, Warren; Charles M. Stone, Secretary, Warren. 3rd Wednesday, monthly.

SEVENTH DISTRICT

BELMONT—David Danenberg, President, Bridgeport; Bertha M. Joseph, Secretary, Martins Ferry. 3rd Thursday, monthly.

CARROLL—Joseph D. Stires, President, Malvern; Samuel L. Weir, Secretary, Minerva. 1st Thursday, monthly.

COSHOCTON—Glenn W. Stelzner, President, Coshocton; Harold W. Lear, Secretary, Coshocton. 2nd Tuesday, monthly.

HARRISON—George E. Henderson, President, New Athens; Gerald E. Vorhies, Secretary, Scio. Meetings quarterly.

JEFFERSON—Carl F. Goll, President, Steubenville; Frances J. Shaffer, Secretary, Toronto. 3rd Tuesday, monthly.

MONROE—Byron Gillespie, Secretary, Woodsfield.

TUSCARAWAS—William C. Roche, President, Gnadenhutten; Arthur J. Stevenson, Secretary, New Philadelphia. 2nd Thursday, monthly.

EIGHTH DISTRICT

ATHENS—Don R. Johnson, President, Nelsonville; Charles R. Hoskins, Secretary, Athens. 2nd Tuesday, monthly.

FAIRFIELD—Fred Spangler, President, Lancaster; Arthur B. VanGundy, Secretary, Lancaster. 2nd Tuesday, monthly.

GUERNSEY—Howard D. Miller, President, Cambridge; Thomas D. Swan, Secretary, Cambridge. 1st Thursday, monthly.

LICKING—John E. Hendricks, President, Newark; William J. Kennedy, Secretary, Newark. Last Tuesday, monthly.

MORGAN—A. H. Whitacre, President, Chesterhill; C. E. Northrup, Secretary, McConnelsville. Called Meetings.

MUSKINGUM—Louis P. Cassady, President, East Fultonham; William A. Knapp, Secretary, Zanesville. 1st Tuesday, monthly.

NOBLE—Norman S. Reed, President, Caldwell; E. G. Ditch, Secretary, Caldwell. 1st Tuesday, monthly.

PERRY—Joseph H. Clouse, President, Somerset; O. D. Ball, Secretary, New Lexington. Called meetings.

WASHINGTON—Richard R. Hille, President, Marietta; Roy M. Meredith, Secretary, Marietta. 2nd Wednesday, monthly.

NINTH DISTRICT

GALLIA—Ralph B. Burner, President, Gallipolis; George E. Files, Secretary, Gallipolis. Last Thursday, monthly.

HOCKING—Howard M. Boocks, President, Logan; Richard C. Jones, Secretary, Logan.

JACKSON—Louis J. Jindra, President, Oak Hill; Brinton J. Allison, Secretary, Oak Hill.

LAWRENCE—Harry Nenni, President, Ironton; George Newton Spears, Secretary, Ironton. 2nd Tuesday, monthly.

MEIGS—Joseph J. Davis, President, Middleport; Charles J. Mullen, Secretary, Pomeroy.

PIKE—Robert M. Andre, President, Waverly; Mack E. Moore, Secretary, Piketon. 1st Tuesday, monthly.

SCIOTO—Samuel L. Meltzer, President, Portsmouth; Carl H. Laestar, Secretary, Portsmouth. Second Monday, monthly.

VINTON—Richard E. Bullock, President, McArthur; H. D. Chamberlain, Secretary, McArthur.

TENTH DISTRICT

DELAWARE—Mary K. Kuhn, President, Ashley; Edward C. Jenkins, Secretary, Delaware. 3rd Tuesday, monthly.

FAYETTE—Robert U. Anderson, President, Washington C. H.; Philip E. Binzel, Secretary, Washington C H. 2nd Tuesday, monthly.

FRANKLIN—Robert M. Inglis, President, Columbus; Mr. William Webb, Jr., Executive Secretary, 79 East State Street, Columbus 15. Meetings in January, April, June, November and December.

KNOX—James C. McLarnan, President, Mount Vernon; Clinton W. Trott, Secretary, Mount Vernon. Quarterly meetings.

MADISON—William T. Bacon, President, London; Paul G. H. Wolber, Secretary, London. 2nd Wednesday, monthly.

MORROW—Francis W. Kubbs, President, Mt. Gilead; Frank H. Sweeney, Secretary, Mt. Gilead. 1st Tuesday, monthly.

PICKAWAY—Frank R. Moore, President, Circleville; E. L. Montgomery, Secretary, Circleville. 1st Friday, monthly.

ROSS—Lewis W. Coppel, President, Chillicothe; William M. Garrett, Secretary, Chillicothe. 1st Thursday, monthly.

UNION—Paul Richard Zaugg, President, Marysville; May B. Zaugg, Secretary, Marysville. 2nd Tuesday, monthly.

ELEVENTH DISTRICT

ASHLAND—Harold V. Marley, President, Ashland; Myron A. Shilling, Secretary, Ashland. 1st Friday, monthly.

ERIE—William E. Birmingham, President, Sandusky; Edward Gillette, Secretary, Sandusky. Last Thursday, monthly.

HOLMES—Luther W. High, President, Millersburg; Owen F. Patterson, Secretary, Millersburg. 2nd Wednesday.

HURON—Owen J. Nicholson, President, Norwalk; John V. Emery, Secretary, Willard. 2nd Wednesday, March, June, September and December.

LORAIN—Ben V. Myers, President, Elyria; Lawrence C. Meredith, Secretary, Elyria; Mrs. Ruth Zealley, Executive Secretary, 311 Elyria Block, Elyria. 2nd Tuesday, monthly.

MEDINA—William G. Halley, President, Lodi; E. A. Ernst, Secretary, Lodi. 3rd Thursday, monthly.

RICHLAND—Charles F. Curtiss, President, Bellville; Harlin G. Knierim, Acting Secretary, Mansfield.

WAYNE—James E. Robertson, President, Wooster; R. E. Schulz, Secretary, Wooster. 2nd Wednesday, monthly.

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Riseman, J. E. F., Altman, G. E., and Koretsky, S.:
Nitroglycerin and Other Nitrites in the Treatment of
Angina Pectoris, Circulation (Jan.) 1958.

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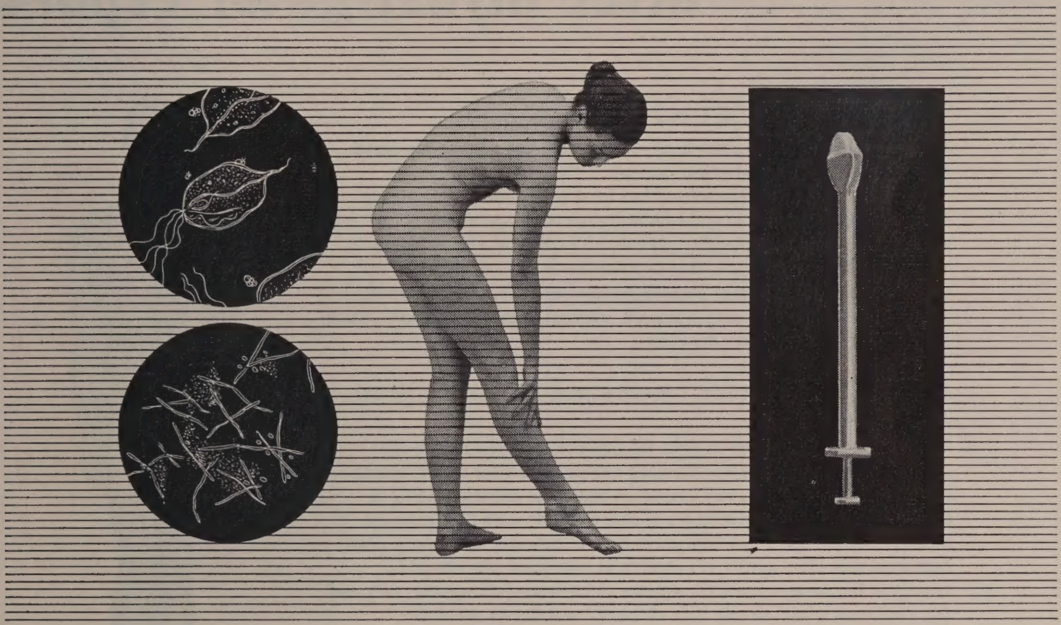

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Whenever a woman complains of vaginal discharge with pruritus, a trichomonal infection[1] must be suspected. Moniliasis, the second most frequent cause[2] of leukorrhea, often occurs[3] in conjunction with diabetes mellitus, pregnancy and estrogen or broad spectrum antibiotic therapy. Commonly used douches wash away normal acid secretions and protective Döderlein bacilli, thus tending to aggravate the problem.

Floraquin, containing Diodoquin® (diiodohydroxyquin, U.S.P.), eliminates infection and provides boric acid and sugar to restore the acidic pH which favors replacement of pathogens by normal Döderlein bacilli. The danger of recurrence is thus minimized.

Pitt reports[2] consistently good results after daily vaginal insufflation of Floraquin powder for three to five days, followed by acid douches and the daily insertion of Floraquin vaginal tablets throughout one or two menstrual cycles.

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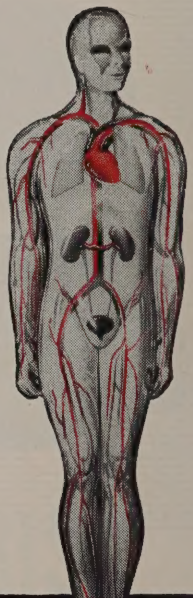
1. Davis, C. H.: Trichomonas Vaginalis Infections: A Clinical and Experimental Study, J.A.M.A. *157:*126 (Jan. 8) 1955.
2. Pitt, M. B.: Leukorrhea, Causes and Management, J.M.A. Alabama *25:*182 (Feb.) 1956.
3. Lang, W. R.: Recent Advances in Vaginitis, Philadelphia Med. *51:*1494 (June 15) 1956.

SEARLE

Investigator

after investigator reports

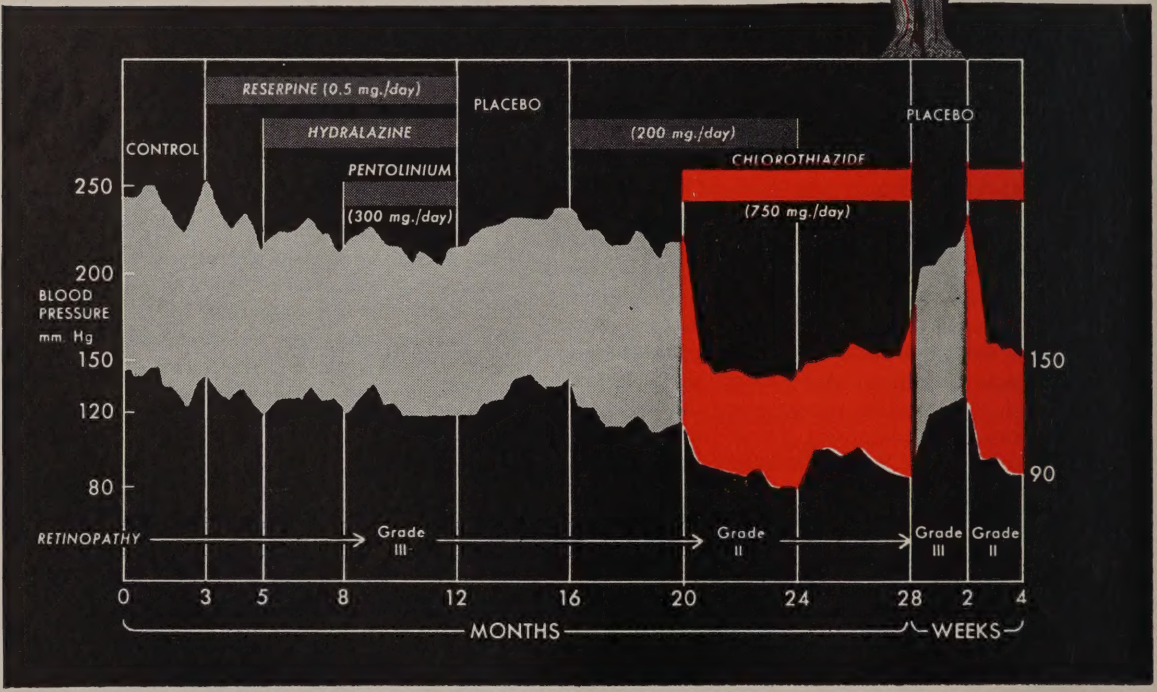


Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide." ". . . it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). . . ."

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension," Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

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1. Murphy, H. L., and Klasson, D. H.: New York St. J. M. 57:1908, June 1, 1957

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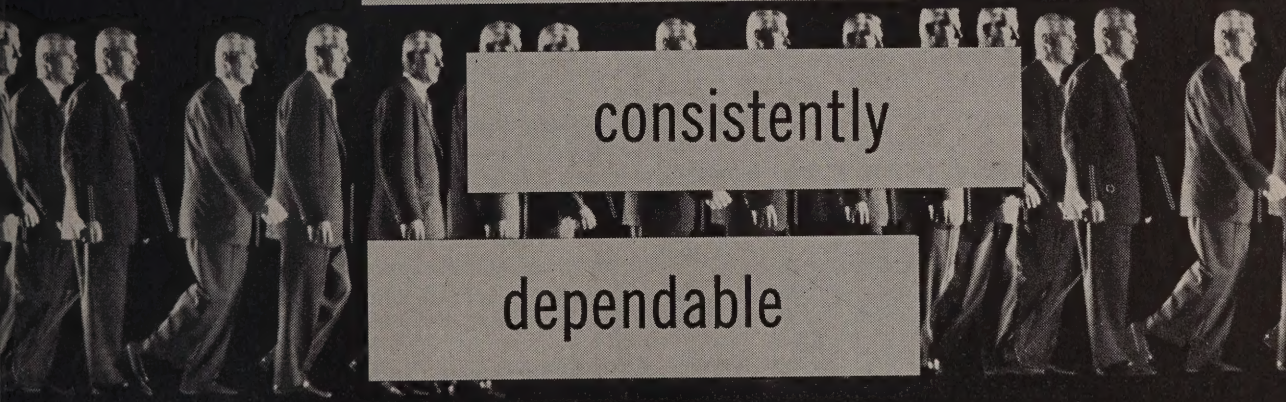

The Physician's Bookshelf

By JONATHAN FORMAN, M. D.

The World of Water, by J. Gordon Cook. ($3.00. *Dial Press, New York 16, N. Y.)* This is another in the series, Science for Everyman. Today water occupies the center of the stage in all agricultural and industrial conferences. It has become clear that water will be the limiting factor in population growth and in human health and prosperity.

This book tells the story of water as it enters into every aspect of human life and affairs. As everyone knows, it is used for drinking, for washing, for generating power and raising crops but water is also a most important industrial raw material and an extraordinary chemical in its own right. This distinguished chemist tells us about these aspects of water as well as its use in public health and in the atomic sciences.

A Casebook in Stuttering, by Charles Van Riper and Leslie G. Gruber. ($2.50, 149 pages. *Harper and Brothers, New York 16, N. Y.)* This study guides the students in advanced speech correction through the actual case history of a stutterer. It is intended to train students in advanced speech courses in stuttering diagnosis and therapy. It will find an important place in the courses in functional disorders of speech and in speech pathology.

Practical Dermatology, by Samuel M. Peck, M. D., and Laurence L. Palitz, M. D. ($7.00. *Landsberger Medical Book Co., Inc.,* distributed by the *Blakiston Division of McGraw-Hill Book Co., New York 36, N. Y.)* This book is designed to set clearly and concisely before the busy practitioner a survey of dermatologic disorders that are commonly met with in daily practice. The common dermatological problems are therefore discussed without reference to unusual conditions. It is a personal book, expressing the belief of these two distinguished authors.

Tranquilizing Drugs: A Symposium, arranged and edited by Harold E. Himwich, ($5.00. *American Association for Advancement of Science, 1515 Massachusetts Ave., N. W., Washington 5, D. C.)* A symposium is introduced by Dr. Chauncey Leake of the Ohio State University and reflects a nationwide concern over the possibilities of improvement of psychiatric treatment by means of new chemicals.

Experimental Psychology and Other Essays, by I. P. Pavlow. ($7.50. *Philosophical Library, New York 16, N. Y.)* The text represents a comprehensive anthology, some of the basic writings of the famous Russian physiologist and psychiatrist, winner of the Nobel Prize in physiology, with some rare pictorial material making it an excellent book for reference and for one's library.

Clinical Hematology, by Maxwell M. Wintrope, M. D. ($15.00, 4th Edition, thoroughly revised. *Lea & Febiger, Philadelphia 6, Pa.)* This book has been most thoroughly revised and brought up to date by the author, the distinguished hematologist and head of medicine at the University of Utah.

Diseases of the Endocrine Glands, by Louis J. Soffer, M. D. ($16.50, Second Edition, 1032 pages, 28 tables, 192 illustrations. *Lea and Febiger, Philadelphia 6, Pa.)* In this sound and well regarded work the author presents a detailed account of the physiological considerations in the various endocrine diseases met in the daily practice. The text covers all clinical syndromes and their complete management, including the currently accepted tests for function.

Practical Psychiatry for Industrial Physicians, by W. Donald Ross, M. D. ($7.50. *C. C. Thomas, Publisher, Springfield, Ill.)* This text by the associate professor of psychiatry and assistant professor of industrial medicine at the University of Cincinnati is designed to help the occupational physician improve his skill in the psychological and psychiatric aspects of preventive medicine by applying, in the course of his work, the methods which other experts have found to be effective.

The Happy Life of a Doctor, by Roger I. Lee, M. D. ($4.00. *Little Brown & Co., Boston 6, Massachusetts.)* This famous doctor tells his life story in a witty, modest and warmly personal way. He has had a distinguished career in American medicine and his reminiscences will prove most entertaining and informative to all who read his biography.

Meprobanate and Other Agents Used in Mental Disturbances, from the Annals of the New York Academy of Sciences, Vol. 67, Article 10, Pages 671-894. *(The New York Academy of Sciences, New York 21, N. Y.)* It is a monograph containing more than 20 hitherto unpublished papers on pharmacology, mode of action and the use of "Milltown." The papers were originally presented at an Academy conference under the title given above, and include reports on the

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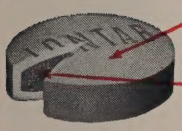

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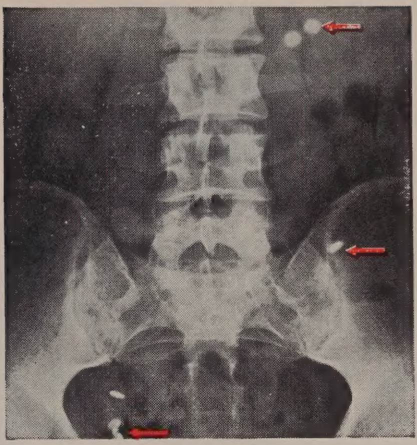
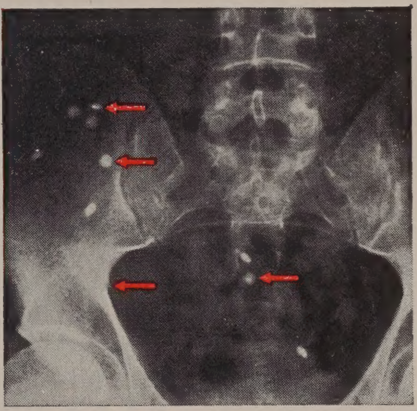
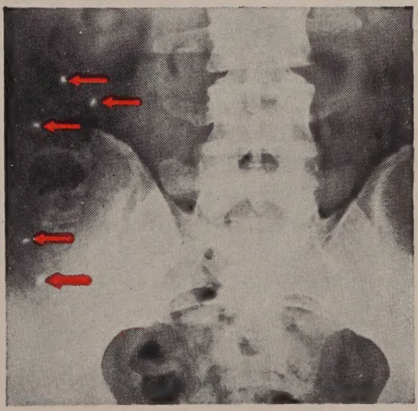
2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



4 hours Lontabs are in the ileum and cecum as core has steadily eroded.



8 hours Lontabs are still visible as substance of core continues to be released.



use of the drug in the treatment of disturbed children, senile psychoses, muscle spasms, headaches, alcoholism, anxiety states, cerebral palsy and other conditions.

Urological Surgery, edited by Austin I. Dodson, M. D., with 9 contributors. ($20.00, Third Edition, 664 illustrations, 868 pages. *C. V. Mosby Co., St. Louis 3, Mo.)* This revision brings this well regarded text abreast with the advances that have occurred in the surgery of the urinary tract. The authors have attempted to include one or more procedures dealing with each surgical problem. In preparation of this work the editor has had the assistance of outstanding experts in the field.

Mastery of Stress, by Daniel H. Funkenstein, M. D., Stanley M. King, Ph. D., and Margaret E. Drolette, M. P. H. ($6.00, *Harvard University Press, Cambridge 38, Massachusetts.)* The healthy individual whose emotional responses, planning, thinking and physiological processes reflect the influence of society and culture provides a yardstick for understanding the diseased individual. This book is about a series of experiments conducted on a group of Harvard undergraduates, focused on the way these students reacted to certain new and different stress-inducing situations. Each man's emotional and physiological reactions were studied, with emphasis placed upon two phases of the stress reaction, the acute immediate reaction of emergency and the ability to master stress, or the failure, over a period of time.

The Placement of Adoptive Children, by J. Richard Wittenborn, assisted by Barbara Myers. ($4.75, *C. C. Thomas Publisher, Springfield, Ill.)* This book was written for the medical and legal professions, the clergy, social workers, adoptive parents and all persons who participate in the creation and maintenance of adoptive homes. It provides definite answers to the questions of central interest both to the adoptive parent and the placement worker.

The Effects of the Sulfonylureas and Related Compounds in Experimental and Clinical Diabetes, a reprint from the Annals of the New York Academy of Sciences, Article 1, Vol. 61, pages 1-92. *(New York Academy of Sciences, New York 21, N. Y.)* This is a proceedings of a conference held by the Academy as a consequence of a deliberate and well planned research based upon a series of chance observations in a field far removed from diabetes. But for M. Janbom's fortuitous observations that one of his newer sulphanilimides of 1942 produced a disorder very similar to hypoglycemia, Auguste Loubatieres very probably would not have devoted the next 15 years in an effort to ascertain the nature of these symptoms and to analyze the mechanism which produced them. This particular series of drugs was also originally designed as more soluble sulpha drugs with prolonged action and their effect in diabetes was consequently an unexpected activity. All who are interested in this newer method of treating milder diabetes will want to see and study this book.

Practical Allergy: A Modern and Authoritative Guide to Diseases of Allergenic Origin, by M. Coleman Harris, M. D., and Norman Shure, M. D. ($7.50, *F. A. Davis Company, Philadelphia 3, Pa.)* Careful study of the individual patient is stressed by these authors as they clarify and simplify the important subjects of skin testing, studies concerning foods, pollens, drugs, bacterial, physical and insect allergy, allergy extracts, desensitization, in fact all the modern aides on the diagnosis and treatment of diseases of allergic origin. Sixteen valuable charts are included which are most helpful for the quick summarization of volumes of data. It is a very practical book that would serve as a useful text. It is also valuable since it covers all of the possible ideological factors in the most obstinate cases.

How To Enjoy Good Health, by Cyril Solomon, M. D., and Brooks Roberts. ($3.95, *Random House, Inc., New York 22, N. Y.)* It is a book authorized by the American Medical Association. Written by 67 prominent physicians, it is devoted and designed to give expert and easy-to-follow advice on the several aspects of points involved in the title.

Presentation of Technical Information, by Reginald O. Kapp. ($1.95, *Macmillan Company, New York 11, N. Y.)* Every medical man who writes reports or prepares manuscripts for publication with the hope that they will be read will find in this book ways to improve them and insure their receiving attention. The author tells you how to reach the minds of the people you write for by using style and psychology in your writing. He insists medical and other technical writing need not be dull. The author proves that you can produce easily understood technical material in an easy interesting manner and still be as accurate as you wish.

Modern Science and the Nature of Life, by William S. Beck. ($5.75, *Harcourt, Brace and Co., New York, 17, N. Y.)* The author, an investigator and teacher in the field of hemotology and atomic energy has written a most interesting book for the purpose of educating "my friends in science and to facilitate the exchange of ideas between people in different fields." The exploration of life is one of the most fascinating chal-

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lenges of science, says the author. The challenger throughout history has been the scientist himself. This brilliant study of both the scientist and his science carries the reader to the modern, perhaps ultimate frontier of the creation of living matter in the laboratory.

Our Astonishing Atmosphere, by J. Gordon Cook. ($3.00, *Dial Press, 461 4th Ave., New York 16, N. Y.)* This is one of the extraordinarily fine books in the series of science for every man. The series is designed to bring information on important scientific subjects to the man on the street to stimulate intelligent interest in science and to show how scientific research is affecting the lives of everyone. In this book the author, a Fellow of the Royal Institute of Chemists and well known for his work on synthetic rubber, plastics and fibres tells us what is now known about the atmosphere, the ocean of gas that envelops the earth in which human beings live like insignificant creatures at the bottom of a vast but flimsy sea. He tells of the clouds and the cosmic rays, of the wonderful gasses used by industry, and the difficulty of high speed flight, and describes how people's breath affects the world's climate and how the wind is being used for power. In these days of interest in air pollution here is a basic book from which to start one's reading and investigations.

The Stress of Life, by Hans Selye, M. D. ($5.95, *McGraw Hill Book Company, New York 36, N. Y.)* This internationally known authority on stress tells how he developed his now famous concept of stress. It brings to bear new light on the nature and effect of disease, how our bodies react to wear and tear of living and what we can do to adjust more harmoniously to such depletions of our adaptive energy.

Beyond Laughter, by Martin Grotjahn, M. D., ($6.00, *Blakiston Division, McGraw-Hill Book Co., New York 36, N. Y.)* This book by the famous psychoanalyst answers some of the problems concerning wit as a lonely man and gives us new insight into ourselves, our laughter and our literature.

Clinical Physiology: The Functional Pathology of Disease, by Arthur Grollman, M. D. ($12.50, *Blakiston Division of McGraw-Hill Book Company, Inc., New York 36, N. Y.)* In the preparation of this clinical physiology the basic principles are correlated with clinical medicine and systematically covered to aid the practitioner in the correct interpretation of the patient's symptoms and the proper treatment of the given disorder. It is the chief editor's firm belief that the physician's ability to diagnose and to prescribe is in direct proportion to his understanding of the physiological principles which underlie modern clinical practice. He says in his preface the physician of today cannot apply the knowledge available in medicine without a thorough understanding of the physiological principles upon which this knowledge is based.

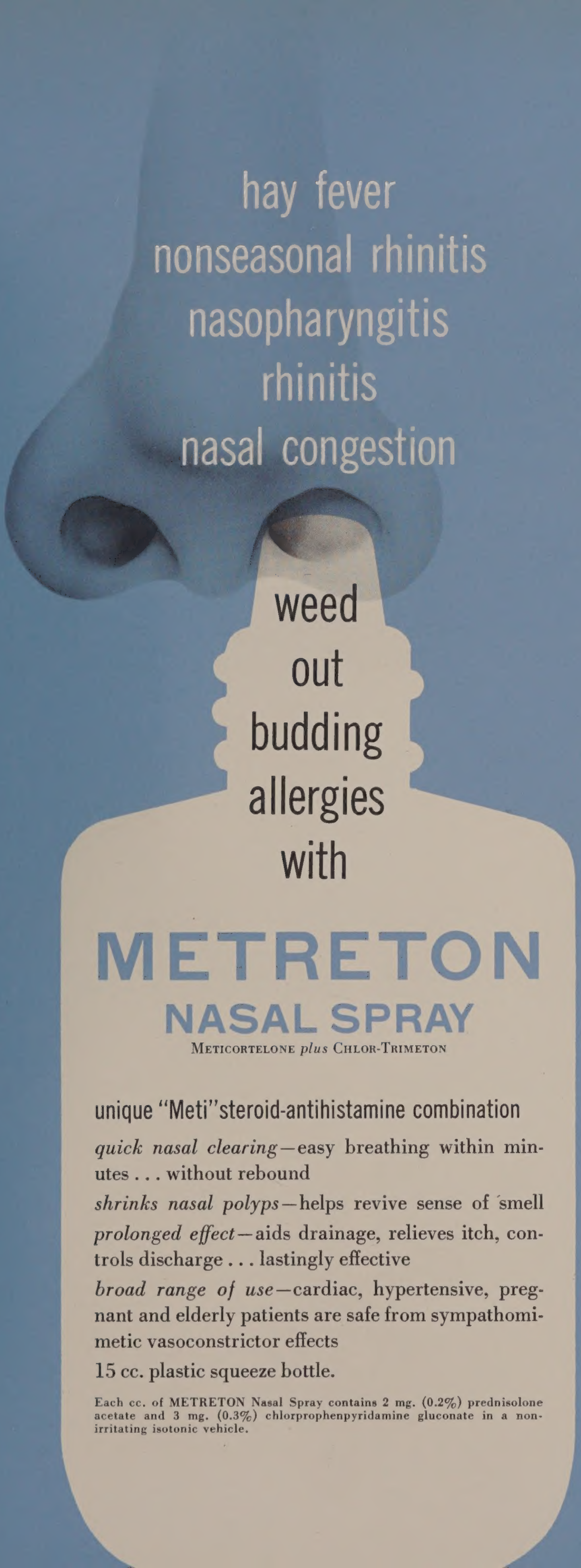
Surgery: Principles and Practice, by J. G. Allen, M. D., Henry N. Harkins, M. D., Carl A. Moyer, M. D., and Jonathan E. Rhodes, M. D. ($16.00, *J. B. Lippincott Co., Philadelphia 5, Pa.)* In preparing this the authors have had the assistance of some 29 specialists, including Dr. Altemeire, of the University of Cincinnati and W. R. Culbertson, also of the University of Cincinnati. The idea behind this book was the need for a surgical text that included to a greater extent the physiologic, the biochemical, the pathological and the anatomic basis for surgical practice.

The Early Detection and Prevention of Diseases, by John P. Hubbard, M. D., ($7.50, *Blakiston Division of McGraw-Hill Book Company Inc., New York 36, N. Y.)* This volume represents a departure from the usual in that it deals extensively with the relation of preventive medicine to the clinical practice of the art rather than intensively with the aspects of a single disease or a single physiologic system.

Liver, Biliary Tract and Pancreas, by Frank H. Netter, M. D., part 3 of Vol. III, The Digestive System: The Ciba Collection of Medical Illustrations. ($10.50, *Ciba Foundation, Summit, New Jersey.)* These beautiful drawings prepared with the help of 5 distinguished authorities in the field give us a pictorial text of unusual value in the consideration of the digestive system.

Guide to Medical Writing: A Practical Manual for Physicians, Dentists, Nurses and Pharmacists, by Henry A. Davidson, M. D. ($5.00, *Ronald Press, 15 E. 26th St., New York 10, N. Y.)* This is an elementary text providing step by step guidance for basic writing technique for people in the medical field. It concentrates on practical details, showing how to organize subject matter, pin down ideas, put it all in readable form while mastering the mechanics of presentation.

The Care of the Expectant Mother, by Josephine Barnes. ($7.50, *Philosophical Library, New York 16, N. Y.)* This is a practical guide for all who undertake the management of pregnancy. The author is on the staff of the Charing Cross Hospital in London. The book is intended for those who make antenatal examinations and assist in helping the mother bear her children. The first section deals with normal pregnancy. The second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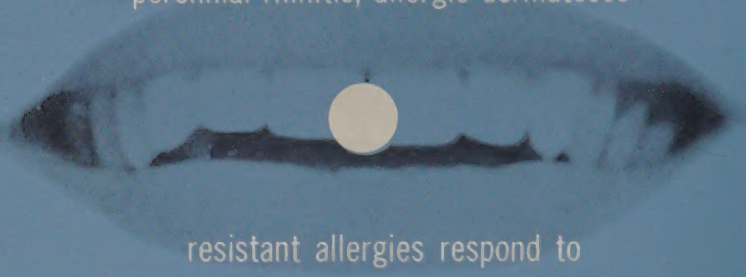

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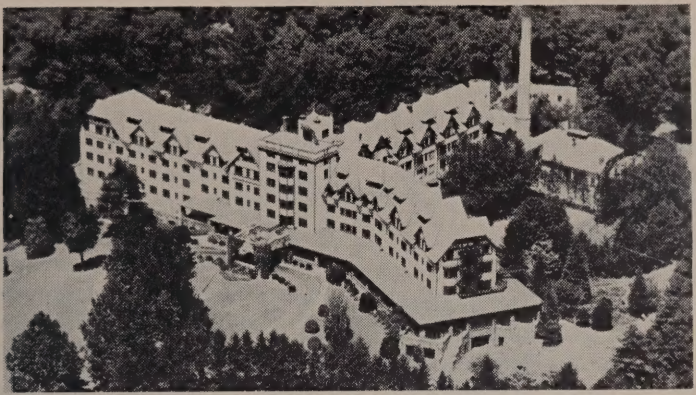

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section deals with abnormal pregnancies and the third gives an account of the diseases complicating pregnancy.

The Doctor As a Witness, by John E. Tracy. ($4.25, *W. B. Saunders, Philadelphia 5, Pa.)* An informative text designed to explain to the busy practitioner who has had little experience in court rooms the various kinds of legal proceedings in which he may be called upon to testify, how these proceedings are conducted, and what is expected from a medical witness when he takes the stand.

The Psychology of Sexual Emotion, by Vernon W. Grant, Ph. D., ($4.75, *Longmans Green and Co., New York 3, N. Y.)* The author is head of psychology in the Hawthornden State Hospital at Macedonia, Ohio. He brings together for the first time in organized form material from a variety of sources dealing with the emotional and esthetic as distinguished from the genital-sexual side of sexual attachment which received so much attention from Kinsey's report.

Reduce and Stay Reduced, by Norman Jolliffee, M. D., ($3.50, *Simon and Schuster, Inc., New York 20, N. Y.)* This revised edition brings significant developments of the past five years in the relationship of diet to coronary disease.

Hospital Treatment of Alcoholism, by Robert S. Wallerstein, M. D., and associates. ($5.00, *Basic Books Publishing Co., New York 3, N. Y.)* This is a comparative experimental study from the Winter V. A. Hospital at Topeka, Kansas. The author over a period of 30 months compared four different methods of treatment. In addition to tabulating the comparative results the authors have attempted to evaluate each with the personality of the patient.

Hypnosis in Medicine, by A. Philip Magonet, M. D. ($1.00, *Wilshire Book Company, Los Angeles 46, California.)* The author on the basis of his own experience attempts to integrate hypnosis with psychosomatic medicine, obstetrics and abnormal psychology.

Self Hypnosis, Its Theory, Technique and Application, by Melvin Powers. ($2.00, 3rd ed., *Wilshire Book Company, Los Angeles 46, California.)* This work is for the person who feels he has failed to show the world the full potentialities of his personality and success and starts going from one therapist to another.

The Leukemias, Etiology, Pathophysiology and Treatment, by J. W. Rebuck, Frank H. Bethell and Raymond Monto. ($13.00, *Academic Press, Inc., New York 3, N. Y.)* The fifth in the series of International Symposia sponsored by the Henry Ford Hospital in Detroit. These proceedings accomplish two purposes. It gives the present complex position of the problems with detailed information on the functions of the leukocyte and a comprehensive review of the therapy of leukemia. Secondly, it establishes a basis for comparative study of the progress which has been made.

Clinical Toxicology, The Clinical Diagnosis and Treatment of Poisoning, by S. Lockett, M.R.C.P. (London) ($20.00, *C. V. Mosby Company, St. Louis 3, Mo.)* This is a modern text written by a physician in active practice for physicians. In these days of promiscuous use of sprays and insecticides in food production, the use of so many industrial poisons, makes this book an important addition to the physician's library.

Illustrated Medical and Health Encyclopedia: Eight Volumes, by Morris Fishbein, M. D. ($19.50, *H. S. Stuttman Co., New York 16, New York.)* It is the aim of eight volumes to replace fear in the mind of the layman with knowledge. All entries are arranged alphabetically. With the aid of twenty-one distinguished authorities Dr. Fishbein has produced a dependable source of information for the layman in all topics from *Abdomen* to *Zyme*.

Goepp's Medical State Board Questions and Answers, by Harrison F. Flippin, M. D. ($8.00, 9th ed., *W. B. Saunders Co., Philadelphia 5, Pa.)* For 50 years now this has been a standard text for use in the preparation for state board examinations for medical licensure.

The Specialties in General Practice, by Russell L. Cecil, M. D., and Howard F. Conn, M. D. ($16.00, 2nd ed., *W. B. Saunders Co., Philadelphia 5, Pa.)* In this second edition, the editors have given the general practitioner a ready handbook of brief and practical descriptions of how to handle the less serious problems in the various special fields.

Your Wonderful Body, by Peter Pineo Chase, M. D. ($5.95, *Prentice-Hall, Inc., Englewood Cliffs, New Jersey.)* Rhode Island's "salty doctor" (and former editor of the *Rhode Island Medical Journal)* has given the layman a combination of doctor book and popular anatomy. It is intended for the general reader and is one that you can well recommend to them.

BCG Vaccination Against Tuberculosis, by S. R. Rosenthal, M. D. ($7.50, *Little Brown & Company, Boston 6, Mass.)* Contains chapter on immunity in tuberculosis; a review of the various vaccines; the safety of BCG preparation and standardization of the vaccine; various methods of administration and the pros and cons of its effectivenesses.

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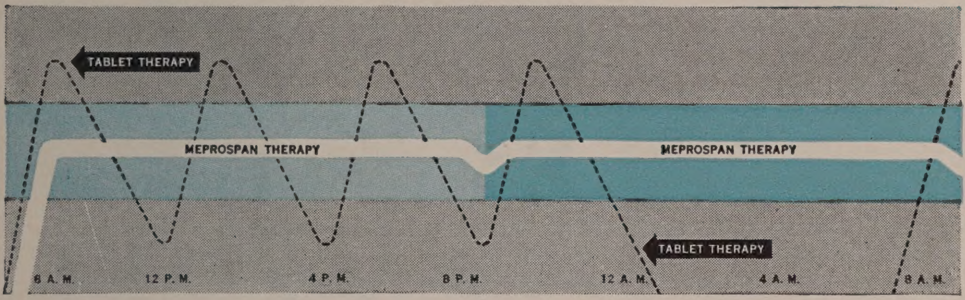

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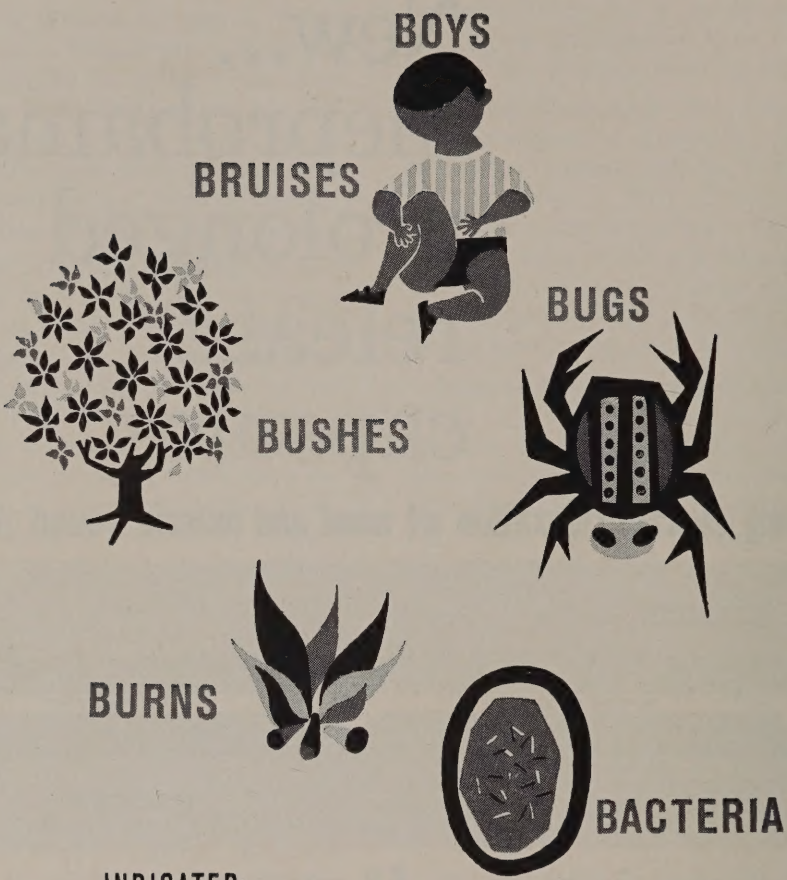

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*Howell, C. M., Jr.: Am. Pract. & Digest Treat. 8:1928, 1957.

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1. Grossmann, E. E., and Lehman, R. H.: Am. J. Ophth. 42:121, 1956.

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Washington Roundup . . .

News from the Nation's Capital of Interest to Physicians; Developments in Medical and Health Fields

AMA has gone on record supporting federal aid to help build and equip medical and dental schools, but opposes financial incentive to increase enrollment on grounds incentive might tempt schools to accept more students than they can properly train.

* * *

American Hospital Association has advocated Hill-Burton program for coming fiscal year be increased to $201-million, an increase of $80-million.

* * *

Labor Secretary Mitchell, addressing AFL-CIO national conference on workmen's compensation (called to lay groundwork for model Federal workmen's compensation act) said best way to improve such laws is to work with state legislatures.

* * *

Dr. Thomas H. Alphin, director of AMA's Washington office since November 1955, has resigned to become associate medical director of the Equitable Life Assurance Society, New York City. Dr. William J. Kennard, deputy director, has been named acting director of the office. He joined the AMA in 1955 after his retirement as brigadier general in the Air Force Medical Corps.

* * *

National Science Foundation survey shows nearly two-thirds ($500-million) of all money for research and development work at colleges and universities comes from Federal government, mostly for defense and similar projects. NSF wants such grants to be "explicitly and completely disassociated" from the institutions' budgetary crises, and of more than a year in duration to assure continuity of activity."

* * *

Atomic Energy Commission has awarded 40 continuation and six new contracts for investigation into life sciences, with 20 in medicine. Western Reserve University, with $201,791 contract, was one of two schools to receive six-figure awards. University of Utah received $271,753.

* * *

More regard on the part of manufacturers for safety factors in auto construction was advocated in Washington by Dr. F. D. Woodward, chairman of the AMA committee on medical aspects of automobile injuries and deaths, who said safety equipment, such as seat belts, crash padding and improved steering wheels, are all too often made available as optional equipment at extra cost.

* * *

Dr. John R. Heller, head of the National Cancer Institute, has reported that recent developments "are serving to indicate the places where important breakthroughs may be expected. . . . These breakthroughs may lead to better understanding of origin and nature of cancer; they may open direct and short paths to drug cures; they may point the way to widespread prevention through immunization. . . ."

* * *

AMA has asked for stronger medical department in Civil Aeronautics Administration, contending that the department currently is subordinated in the CAA and medical issues are being settled by the Civil Aeronautics Board, which does not have qualified medical personnel. AMA said physical standards and medical evaluation of fliers should be handled by physicians experienced in aviation medicine, and that an office of civil air surgeon is needed within the CAA.

* * *

U. S. National Health Survey, in first detailed report, shows through projection of three-month sampling that an estimated 199-million physician visits were made in the U. S. from July 1 to September 29, 1957, giving an annual rate of 4.8 visits. Rate for females of all ages was 5.5 per cent; males, 3.9. Two of three visits were in doctor's office and only eight per cent in patient's home.

* * *

Internal Revenue Service, clarifying conditions under which tax-deductible travel may be directed by a physician, held as deductible expenses of elderly patient with arteriosclerotic heart disease who was advised by his doctor to go to a specific location where temperature was suitable and proper medical care available. Physician also banned further travel or sightseeing, and advised a nurse accompany him. IRS ruled expenses of patient and his nurse deductible since it was to alleviate specific ailments and not just for general health improvement.

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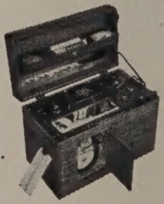

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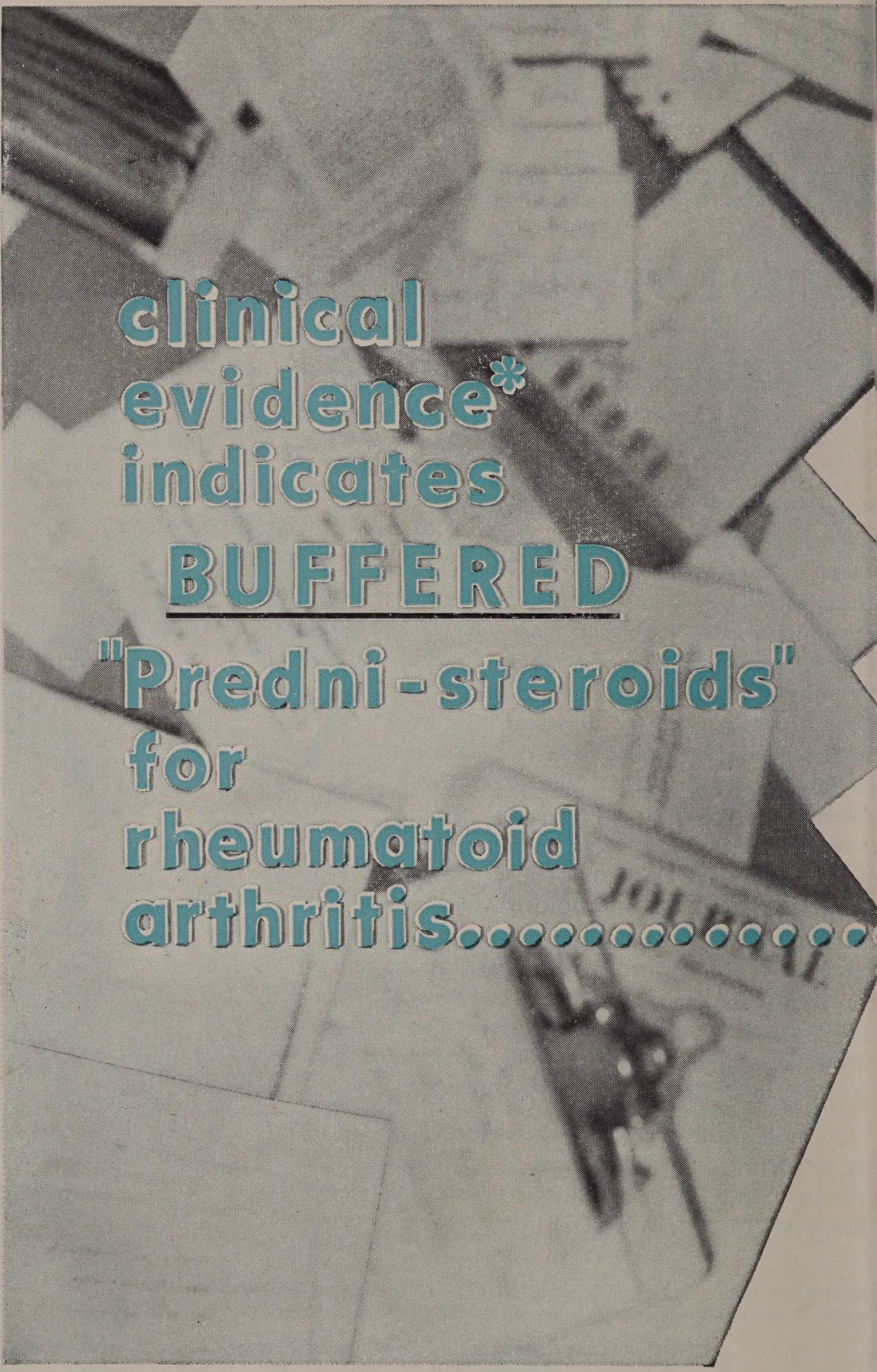
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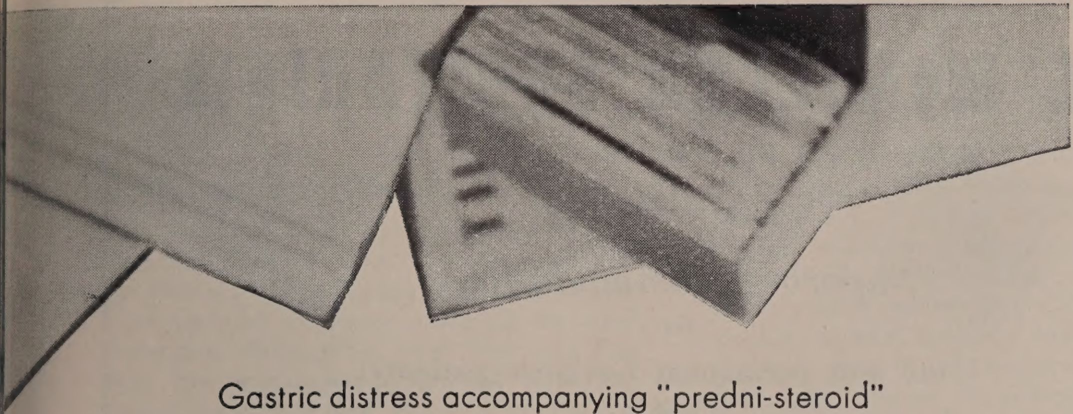

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***"In view of the beneficial responses observed when antacids and bland diets were used concomitantly with prednisone and prednisolone, we feel that these measures should be employed prophylactically to offset any gastrointestinal side effects."—Dordick, J. R. *et al.*: N. Y. State J. Med. 57:2049 (June 15) 1957.**

***"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: J. Kentucky State M. A. 54:771 (Sept.) 1956.**

***"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: J. A. M. A. 158:459 (June 11) 1955.**

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You and Your AMA

Some Highlights and Sidelights on the American Medical Association's Activities and Program

AMA Meeting in Grand Rounds Telecast

A 90-minute closed circuit television program emanating from the AMA's annual convention in San Francisco will be transmitted to physician audiences gathered in Boston, Chicago, Cleveland, Kalamazoo, Philadelphia, New York and Syracuse. The program will be presented Wednesday, June 25, from 6:00 p. m. to 7:30 p. m., PDT, by the Upjohn Company in cooperation with the American Medical Association. Physicians attending the convention will be able to view this program in the Civic Auditorium area.

The first 30 minutes of the telecast will be devoted to a report on outstanding highlights of the scientific meeting, including excerpts from some of the papers and a brief tour of the Scientific Exhibit. The remaining 60 minutes will be in the form of a Grand Rounds clinical session on the subject of diabetes.

Committee Studies AMA's Basic Programs

One of the first projects of the Committee to Study AMA Objectives and Basic Programs will be to send out a questionnaire inviting suggestions and criticisms of the Association. This questionnaire will be based on the following four points which were listed by the House of Delegates when the committee was organized last December: (1) Redefining the central concept of AMA objectives and basic programs; (2) placing more emphasis on scientific activities; (3) taking the lead in creating more cohesion among national medical societies, and (4) studying socioeconomic problems.

The questionnaires will be sent not only to state and county medical societies, specialty groups and other national medical organizations, but also to a probability sample of more than 3,000 physicians chosen systematically from the new *AMA Directory*. The latter sample will include both AMA members and nonmembers.

Helping Hands Go into New Career Film

A little seven-year-old youngster is helping influence students to choose a career on the health team. She's Julie Morgan, the star of a new 16mm medical health career recruitment film produced by the American Medical Association, the American Hospital Association and E. R. Squibb and Sons. "Helping Hands for Julie" tells the dramatic story of the fight to save Julie's life. The helping hands aiding the doctors in finding the correct diagnosis of meningitis are those of the nurses, medical technologists, x-ray technicians and medical record librarians. With the diagnosis made, the drugs of the pharmacist, the nourishing food of the dietitian, the restorative work of the physical therapist, and the care of the nurses bring Julie back to health.

Medical societies and auxiliaries may arrange for bookings of this 30-minute black and white sound film through AMA's Film Library after July 1.

Voluntary Health Insurance For the Aged

An article in the April, 1958, issue of the *Chronic Illness Newsletter,* published bi-monthly by the AMA Council on Medical Service, describes some of the methods by which persons over 65 are being increasingly included in voluntary health insurance coverage. The article breaks down various groups within this over-65 population by type of protection or lack of it, describes a number of the programs currently under way by the Blue Shield-Blue Cross plans, private insurance companies, industry and others in extending voluntary health protection for these groups, and analyzes the socioeconomic forces behind a rising trend in coverage of this section of the population. Additional copies of this issue of the *Newsletter* are available on request from the Council.

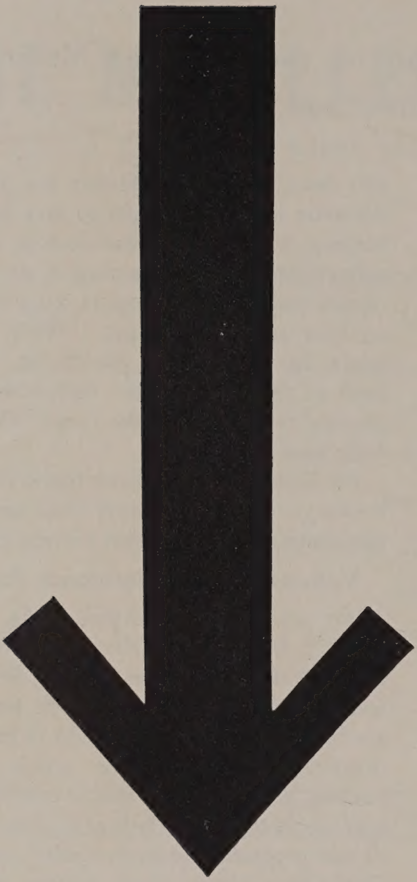
Revises Prepayment Brochure

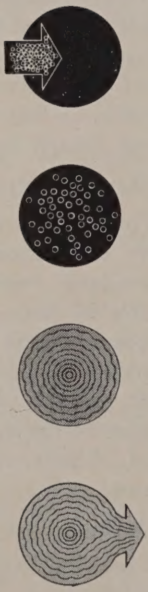
Copies of the new edition of AMA's booklet, "Voluntary Prepayment Medical Benefit Plans," will be available from the Council on Medical Service early in June. In addition to a description of plans having medical society approval, this edition of the brochure will contain data on the growth of such plans and a resumé of new developments in the field. As in the past, a supplement of "Charts and Graphs" will accompany the brochure.

Health Shows for Radio are Being Used

AMA's health messages are reaching the American people via radio. A glance at the latest Bureau of Health Education report shows that 574 sets of AMA transcriptions were in the hands of local broadcasters throughout the country on April

(Continued on Page 723)





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0.66 Gm. non-bitter Ext. Cascara per tablespoonful.
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70 YEARS OF SERVICE TO THE MEDICAL PROFESSION

28, 1958. Since there are 13 programs in each set, this represents approximately 7,500 local broadcasts which have been, are being, or will be made from these transcriptions. Some of the most popular series include "Menu for Health" (45 sets), "Harmony and Health" (46 sets), and "Interlude" (28 sets). Not included in these figures are the monthly platters entitled "Health Magazine of the Air."

Committees on Aging Now Have Guide

"Suggested Guides for Medical Society Committees on Aging" is the title of a new booklet being prepared by the AMA's Committee on Aging for use by state and county medical societies. The booklet contains suggestions as to (1) purposes of a medical society committee on aging; (2) membership and format; (3) tenure of members; (4) meetings; and (5) activities. Copies of the pamphlet will be available from the Council on Medical Service.

New Report Issued on Indigent Care

A new report titled "Medical Care for the Indigent in 1957" has been prepared by the Committee on Indigent Care of the AMA's Council on Medical Service. This report deals with some of the specific problems that states have encountered under current laws. Two previous reports in the series have dealt with the development of Public Assistance medical care and the changes made by 1956 and 1957 amendments to the program.

Effective July 1, 1957, new federal matching funds were authorized to reimburse the states for part of the cost of providing medical services to recipients of old age, blind, and permanent and total disability assistance, and of aid to dependent children. However, these additional funds could be applied only to payments made directly to the providers of medical services—physicians, hospitals, pharmacists, etc. States applying for these funds could receive federal aid, outside the limits set by this new formula, only for payments made directly to assistance recipients.

In a number of states which had already provided comprehensive medical care for Public Assistance recipients, this new formula required considerable reorganization of the program if maximum federal aid was to be achieved. The Committee's new report examines in detail the problems raised for these states and the federal policies affecting methods of paying for medical services.

The first two reports now are available in reprint form, and the new report will be available shortly from the Council on Medical Service.

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FOR APPREHENSIVE AND/OR
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Warning: May be habit-forming	
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In Our Opinion: Comments on Current Economic and Social Questions and Professional Problems; Suggestions Regarding Organized Activities

INCOME TAX DEDUCTIONS FOR CONVENTION EXPENSES

Going to take in a medical convention this Summer or Fall?

If so it would behoove you to read carefully and observe the advice in the following statement issued by the AMA about how to get along with the income tax authorities with regard to deductions in attending such meetings, in reply to a question concerning the AMA meeting in San Francisco and a post-convention tour (with wife) to Hawaii:

"The expenses of a practicing physician in attending a medical meeting as well as conventions of his medical association are generally recognized as deductible by the Internal Revenue Services. Deductible expenses include registration fees if any; lodging; meals; and transportation, but they do not include personal expenses such as the cost of entertaining personal friends or sight-seeing. If a wife accompanies her husband, the portion of the expense attributable to her travel, meals, and lodging are not deductible, unless it is established that her presence was necessary and served a bona fide business purpose. Physicians ordinarily cannot provide such proof.

"The Internal Revenue Service is very skeptical about allowing tax deductions for overseas travel, particularly to resort areas. The Hawaii Summer Medical Conference will undoubtedly provide many educational opportunities to visiting physicians from the mainland, but if your primary purpose in going to Hawaii is to take a vacation your expenses will not be allowed. Among the factors which are taken in consideration in determining whether the primary purpose of a trip is personal or business is the proportion of time devoted to recreational activities and sight-seeing and the fact that you are accompanied by your family."

CHANGE IN LOCATION AND AMA MEMBERSHIP

If an Ohio physician moves his practice to another state where a probationary period is required before he can affiliate with the medical societies in that state, is there any way where the physician can continue his AMA membership during the probationary period?

Here is the answer:

If the physician has paid dues in Ohio for the current year, his local, state and AMA membership for that current year will not be disrupted. However, at the end of the current year, he will have to look to a special provision of the AMA Constitution and By-Laws for keeping himself in good standing in medical organization.

Under the AMA provision, the physician who has made application for membership in a new state or territorial medical society and a waiting period is required before action is taken on the application, he may continue his AMA membership by sending dues directly to the secretary of the AMA. However, this practice can be followed for only two years. If the application has not been processed within this period, the physician's name must be removed from the roster of AMA members.

The suggested procedure for sending dues directly to the secretary of the AMA is as follows:

1. The physician should ask the secretary of his state or territorial medical society to notify the AMA (and send a carbon copy to the physician) that he has made an application to continue membership through his state or territorial medical society but that it cannot be processed before a given date.

2. AMA membership dues should be sent, with the carbon copy of the letter received from the secretary of the state or territorial medical society, to the secretary of the AMA. This procedure will permit AMA membership to be uninterrupted.

DEATH CERTIFICATES SHOULD BE FILLED OUT PROMPTLY

Complaints that some doctors are not prompt in completing death certificates was the subject considered recently by the Interprofessional Relations Committee of The Toledo Academy of Medicine.

Pointing out that "this would seem to be a simple problem to solve," the *Toledo Academy Bulletin* has this to say:

> "All physicians know that they are required by law to certify the causes of death of patients who have been under their care. It may not be so well known that delay in completing the death certificate can cause postponement of burial.
>
> "Burial permits are issued to funeral directors by the Registrar of Vital Statistics, and he is directed by state law not to issue such permits until satisfactory medical certification is filed. Because of this requirement, funeral directors find it necessary to do the "leg work" in obtaining the death certificate from the doctor.
>
> "Although most doctors are courteous and prompt in filling out death certificates, numerous complaints have been received by the Registrar of Vital Statistics that

funeral directors are required to wait unreasonable periods of time for the certificate, or that some doctors refuse to complete the certificate at the time, saying it can be picked up later, or it will be forwarded by mail.

"If doctors are made aware of the burial permit requirement stated above, and if funeral directors will telephone for a satisfactory time to find the doctor in his office, the certificate can be filled out in most instances within a few minutes after it is placed on the doctor's desk.

"The death certificate is a standardized form used throughout this country and in many other parts of the world. It requires certification of the major disease category which caused death. Rarely, if ever, must the doctor use the excuse of waiting for the autopsy report before such a document can be completed.

"Physicians are requested and urged, in the interest of better professional relations, and in behalf of families who need copies of the death record, to be prompt and courteous in fulfilling this small but important obligation. We are sure that greater cooperation by funeral directors will be forthcoming if this cause for complaint is eliminated."

We concur heartily in the editorial comment of the *Toledo Academy Bulletin,* and would add that prompt filling out of death certificates is not only important for good interprofessional relations, but also extremely important from the standpoint of good public relations.

CLEVELAND SEEKS SOLUTION FOR "MEDICAL EXPERT" PROBLEM

The Cleveland Academy of Medicine has launched a move designed to straighten out the situation of medical expert testimony. More power to it! This is a situation which needs plenty of therapy. Treatment can be administered locally better than in any other way, in our opinion.

The following editorial in the May issue of the *Cleveland Academy Bulletin* tells the story:

A large proportion of the cases tried in the courts of Cuyahoga County are claims for damages alleged to have been sustained as a result of personal injury. In the majority of these, medical evidence is required to establish that an injury was sustained and that the ensuing disease or disability suffered by the plaintiff was caused or contributed to by the injury.

"Many, if not the majority, of these cases would never reach the courts were it not for the fact that doctors have disagreed (a) as to the relationship between the injury and the damage alleged to have been caused by it or (b) as to the extent and nature of the damage. The usual situation is that one or more physicians retained by the claimant testify that in their opinion the disability or disease for which compensation is claimed was caused or contributed to by some specific episode of stress or injury for which the defendant is responsible. One or more physicians retained by the defendant testify that the evidence does not warrant such a conclusion. Under the prevailing system, each litigant employs his own medical witnesses. It is fair to assume that a witness whose opinion, right or wrong, is not in accord with the interests of the litigant who interviews him, will not be employed.

"Sometimes the situation is one in which there is room for honest differences of opinion. More frequently there would be no significant difference of opinion if the medical facts were submitted to a panel of unbiased medical experts for evaluation.

"For many years the situation has troubled the officers and directors of the Academy of Medicine. Recently the President of the Academy has appointed a committee to act in conjunction with a similar committee of the Cleveland County Bar Association to seek a solution to this problem. Consideration is being given to the establishment of a panel of medical experts similar to those in existence in New York and in Baltimore to provide the courts with a means of getting competent and unbiased medical opinion.

"In the meantime, it is the intention of the Academy's committee to publish in the *Bulletin* from time to time verbatim transcripts of the kind of medical testimony that physicians are giving in the courts of Cuyahoga County in personal injury claims. The testimony, together with the name of the doctor who gave it, will be published exactly as taken from the transcript of the court record and without editorial comment. It is hoped that the publication of examples both of biased and of unbiased medical testimony will be of educational value to the readers of the *Bulletin.*"

The plan to publish the transcript of testimony offered by medical experts may have a helpful effect. Those who give unbiased medical testimony will have nothing to fear. Those who cut the corners will be exposed which they probably won't like.

SUMMIT COUNTY DOCTORS DISPLAY CIVIC SPIRIT

Members of the Summit County Medical Society recently demonstrated capably the belief that a physician's interest and activities in his community should extend beyond the medical aspects.

The society organized six teams totaling 40 physicians to carry out the society's portion of a campaign to raise $1,247,400 for the Akron YMCA. These doctors thereby recognize that a community has not only the physical health of its residents to consider but also its moral, mental and sociological health.

By their actions, members of the Summit County Medical Society have increased the stature of their profession and their society in the eyes of their fellow citizens.

EW published reports
clinical studies show:

ecisive
keletal muscle relaxation
ith

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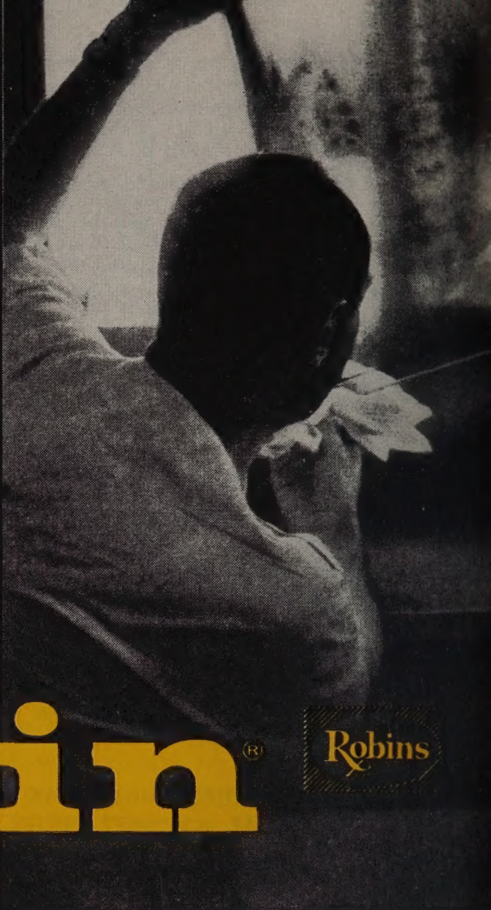


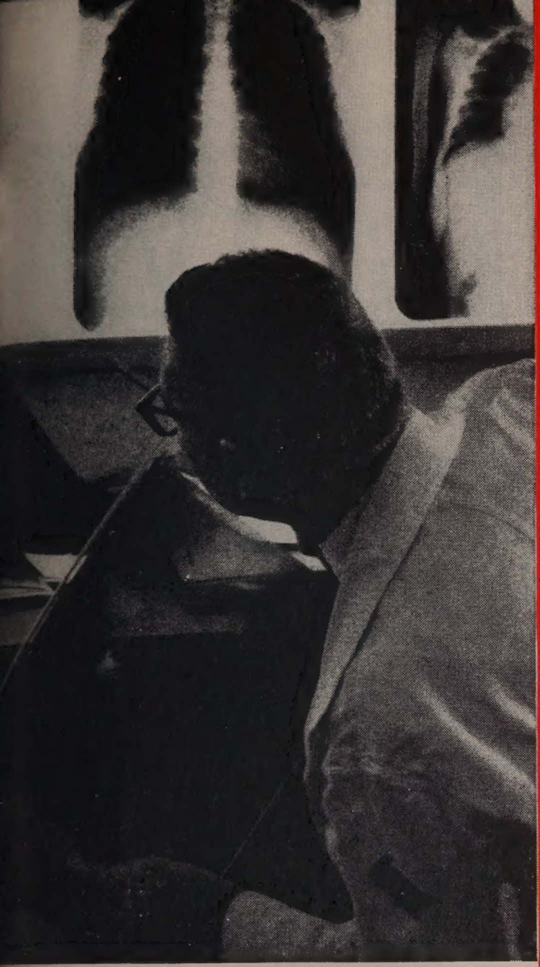
xcellent,"[5] "marked,"[1] "pronounced"[2] or "significant"[6] results in 75.3% of cases of acute skeletal scle spasm, and moderate results in 20.3% – or over-all beneficial response in 95.6%. Other portant advantages:

- Highly potent and long acting.[2,3,4,6,7,8]
- Relatively free of adverse side effects.[1,2,3,6]
- In ordinary dosage does not reduce normal muscle strength or reflex activity.[6]

Summary of four published clinical s

ROBAXIN BENEFICIAL IN 95.6% OF C

CONDITION	PA
STUDY 1[1] Skeletal muscle spasm secondary to acute trauma	
STUDY 2[2] Herniated disc Ligamentous strains Torticollis Whiplash injury Contusions, fractures, and muscle soreness due to accidents	
STUDY 3[5] Herniated disc Acute fibromyositis Torticollis	
STUDY 4[6] Pyramidal tract and acute myalgic disorders	
TOTALS	1



F ACUTE SKELETAL MUSCLE SPASM[1,2,5,6]

RESPONSE			
"marked"	moderate	slight	none
26	6	1	—
"pronounced"			
25	13	—	1
4	4	—	—
3	—	—	—
2	1	—	—
3	2	—	—
"excellent"			
6	2	—	—
8	—	—	—
—	—	1	—
"significant"			
27	—	2	1
104	28	4	2
(75.3%)	(20.3%)		

Comments on Robaxin by investigators

THE JOURNAL
of the
American Medical Association

"In the author's clinical experience, methocarbam
has afforded greater relief of muscle spasm and pa
for a longer period of time without undesirable si
effects or toxic reactions than any other common
used relaxants . . ."[2]

THE JOURNAL
of the
American Medical Association

"An excellent result, following methocarbamol a
ministration, was obtained in all patients with acu
skeletal muscle spasm."[5]

THE JOURNAL
of the
American Medical Association

"In no instance was there any significant reducti
in voluntary strength or intensity of simple reflexes.

Southern Medical Journal

"This study has demonstrated that methocarbam
(Robaxin) is a superior skeletal muscle relaxant
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References: 1. Carpenter, E. B.: Southern Medical Journal 51:6 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Little, J. M., a Truitt, E. B., Jr.: J. Pharm. & Exper. Therap. 119:161, 1957. 4. Morg A. M., Truitt, E. B., Jr., and Little, J. M.: J. Am. Pharm. Assn., Sci. 46:374, 1957. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:1 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Truitt, E. B., Jr., a Patterson, R. B.: Proc. Soc. Exper. Bio. & Med. 95:422, 1957. 8. Tru E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: J. Pha & Exper. Therap. 119:189, 1957.

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Unprecedented Low Dosage. Less sulfa for the kidney to cope with . . . yet fully effective. A single daily dose of 0.5 to 1.0 Gm. (1 to 2 tablets) maintains higher plasma levels than 4 to 6 Gm. daily of other sulfonamides —a notable asset in prolonged therapy.[2]

New Control Over Sulfonamide-sensitive Organisms. KYNEX maintains the prolonged, high tissue concentrations of primary importance in treatment of urinary infections . . . a therapeutic asset toward preventing manifest pyelonephritis as a complication of persistent bacteriuria during pregnancy and puerperium. Maintenance of sterile urine in such patients was accomplished with 1 tablet of KYNEX daily.[3]

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Sulfamethoxypyridazine Lederle

Only
One
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a
Day

Dosage: The recommended adult dose is 1 Gm. (2 tablets) the first day, followed by 0.5 Gm. (1 tablet) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

KYNEX—WHEREVER SULFA THERAPY IS INDICATED

Tablets: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

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References: 1. Grieble, H. C. and Jackson, G. G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958. 2. Editorial *New England J. Med.* 258:48-49, 1958. 3. Jones, W. F., Jr. and Finland, M., Sulfamethoxypyridazine and Sulfachloropyridazine. *Ann. New York Acad. Sc.* 60:473-483, 1957.

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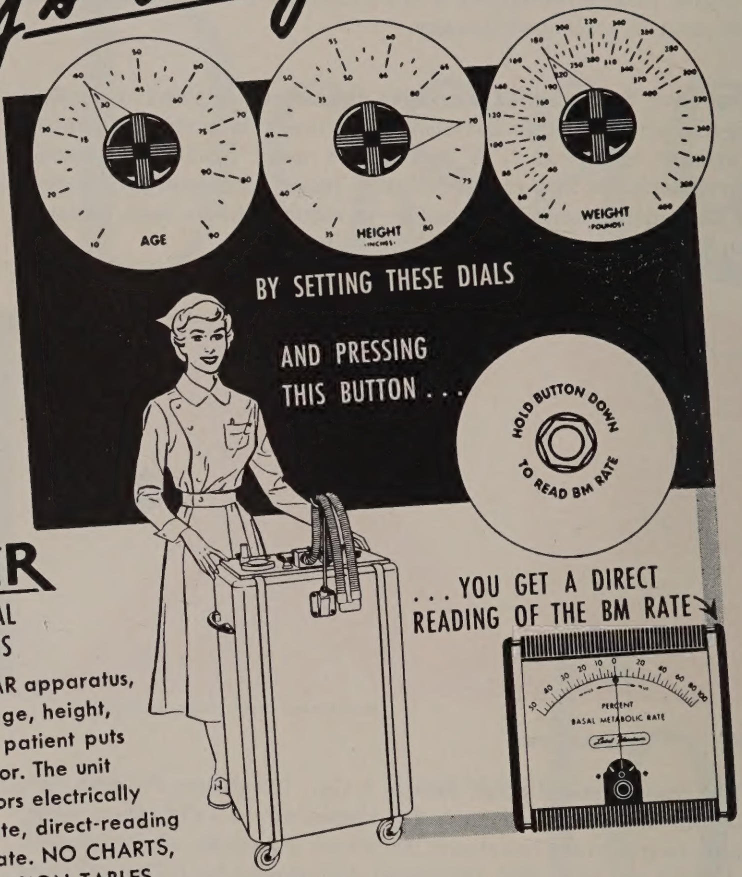
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INCHES
WEIGHT
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BY SETTING THESE DIALS
AND PRESSING THIS BUTTON . . .
HOLD BUTTON DOWN TO READ BM RATE
. . . YOU GET A DIRECT READING OF THE BM RATE
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BASAL METABOLIC RATE

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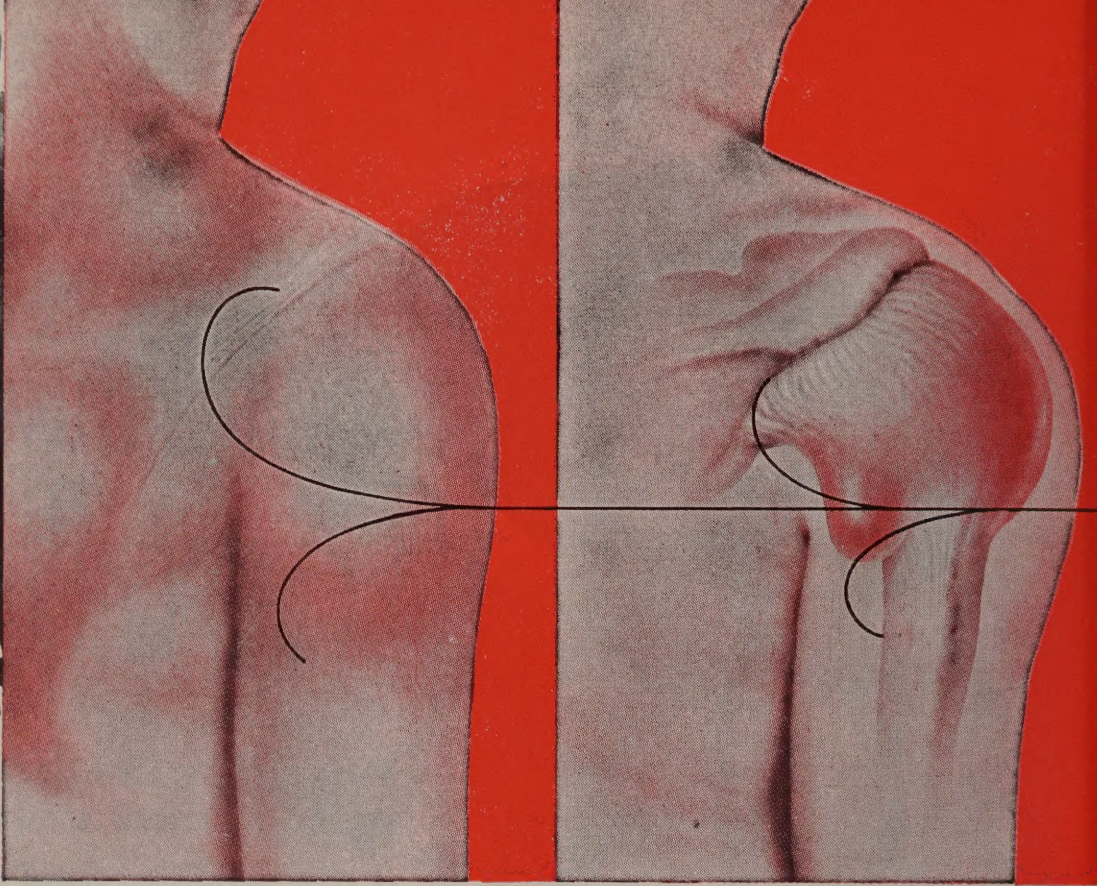
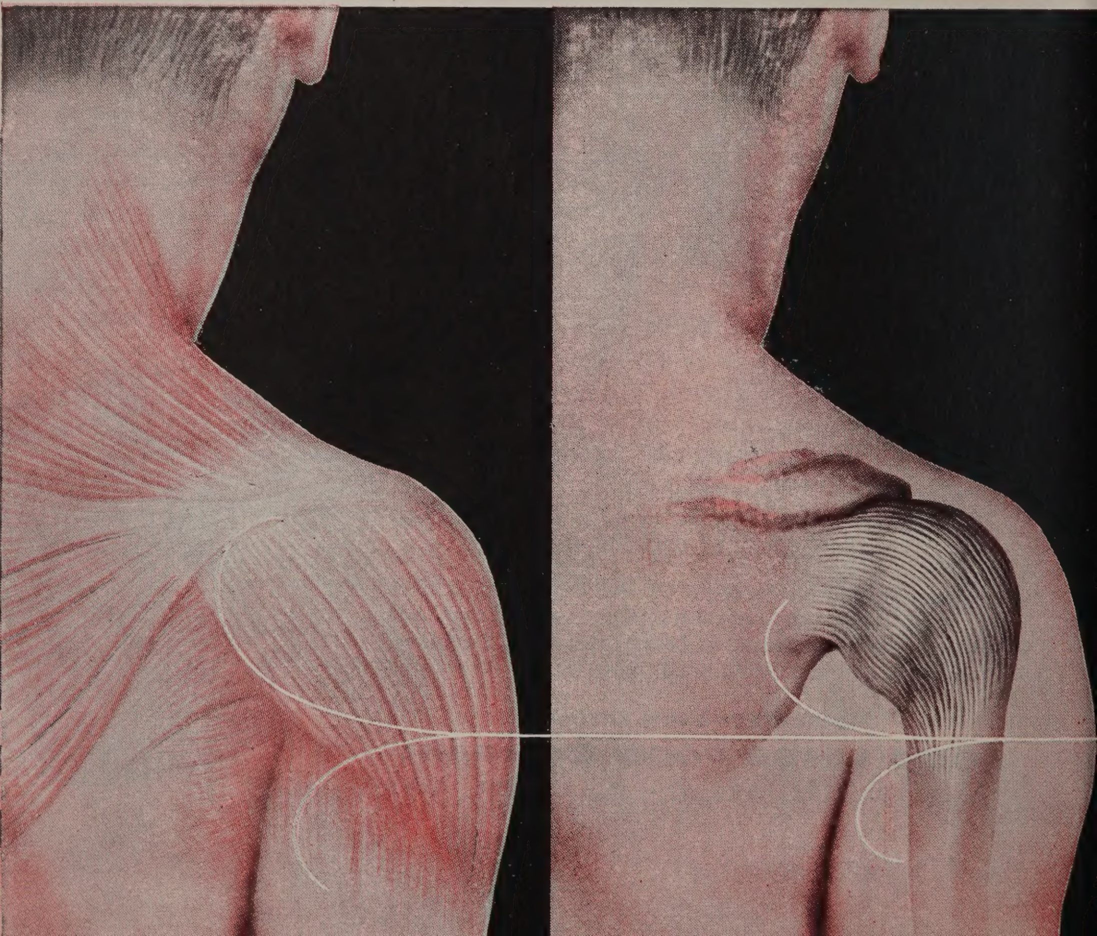


"Rheumatoid arthritis is a constitutional disease with symptoms affecting chiefly joints and muscles."[1] "Pain in the affected joint is accompanied by splinting of the adjacent muscles, with resultant 'muscle spasm.' "[2]



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1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).
2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

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meprobamate to relieve muscle spasm
prednisolone to suppress inflammation

relieves both muscle spasm and joint inflammation

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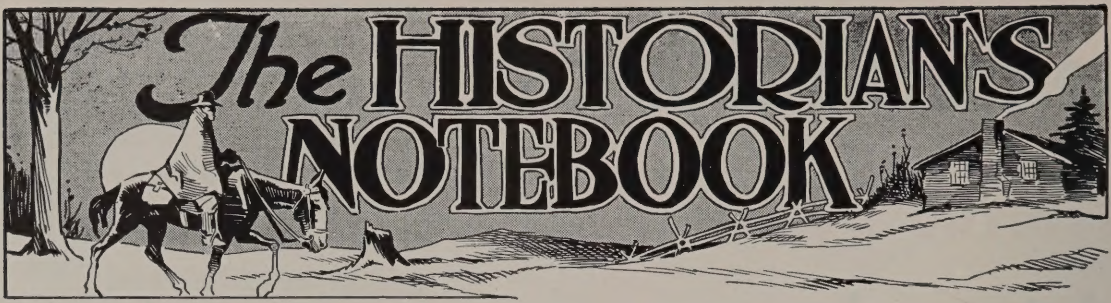

Biological Economics

MARTIN FISCHER, M. D.

PART I

THE association between biology and economics is well illustrated when reference is made to one of today's many problems—that of the decreasing number of *work* hours demanded each week of the self-sustaining inhabitant, with the consequent increasing number of *leisure* hours thus granted him.

Within this week (middle July 1957) Walter Reuther has started his plug for the four-day working week. In addition, four hours of labor are to be paid for as though they were five. There is not the slightest doubt but that he will accomplish his ends. But will they be those anticipated? I expect to convince you that that will not be the case and that man's salvation does not lie over this path. But before doing so, let me tell you that Reuther, himself, is not sure. To investigate the matter he has appointed a "committee." That's error number one, for committees never bring forth anything above the level of the mediocre—unless it be something worse. Recall that it was a committee which judged Socrates wrong and passed him the hemlock cup. The new and the better always spring from an individual.

Reuther is going to bring us more leisure. But what purpose that, when what we have already is too much?

The State of Leisure

The advantages of leisure have been favorably touted many times. Look how happy Grandpa is who in his retirement has gained more hours free for rocking a cradle; or look at Ma who in her vacation with pay is enabled to get sunburned more quickly and thus sooner lay a foundation for skin cancer; or look at brother Josh who craves leisure in which to upset the beautiful balance of nature by killing everything that flies, roams or swims.

The Author

● **Dr. Fischer, Cincinnati, is emeritus professor of physiology, University of Cincinnati College of Medicine.**

Could it be that leisure kicks back and sometimes actually backfires? That seems to be the law which Cutten put so well in his book of the 'twenties when he gave it the title: *The Threat of Leisure.** Fifty years ago nobody believed that leisure could possibly carry a threat. Yet here it is! Recall the history of the word itself. Leisure originally meant *an opportunity to do something;* it has come to mean *an opportunity to do nothing.*

And therein lies the danger both to the individual and to society.

Celebrating Darwin

1957 has been designated the Darwin Year and we celebrate the man who gave us the concepts of biological evolution, the origin of species and the survival of the fit.

In that connection recall my talk to you of two years ago when I questioned the mechanisms proposed for evolution, asking you to substitute for them those of Lamarck who some 50 years earlier had dealt correctly to my mind, with each of the elements before us—with evolution and its too little discussed worse half, devolution; with acquirement and atrophy, and the primal cause

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Read before the Kiwanis Club, Covington, Kentucky, July 17, 1957.

*Cutten, George Barton: The Threat of Leisure. New Haven, Yale University Press, 1926.

of each; with the inheritance of what made master or serf. Lamarck declared, in brief, these three great principles:

(1) Form is the product of function; and not the other way about. (I interpolate in illustration Aaron Burr's advice to his daughter, Theodosia: "Cultivate a benignant expression; in six months it will be yours.")

(2) Through use, every physiological attribute is strengthened and the longer so employed, increased (recall the right arm of the blacksmith); even as through non-use, it is weakened and decreased perhaps to the point of its disappearance (recall the shrinkage of the "second stomach" of the herbivorous to the appendix of the carnivorous).

(3) What one generation thus gains or loses, it passes on to the progeny.

Redfield's Lamarckism

More recent proof of the truth of Lamarck's laws has come through Casper L. Redfield (1900). Trotting horses acquire the faster gait only as they are raced; milch cows give more gallons of milk only as they are milked; hunting dogs continue hunters only as long as used in the chase and not turned into lap dogs; and men of great skill or great mind will so continue only as the virtues born into them are kept at work.

Development comes through resistance; it comes through overcoming and that means work. Atrophy comes from opposite direction and characterizes him who lies down on the job. These are biological laws which cannot be flouted. As a favorite evangelist of mine used to say: "You cannot cheat God." Thus is forecast the failure that will come to Reuther and all his kind, for the better day for mankind lies not in lessened but in increased labor.

The Line Drawn

How much more of labor victory, increase in income and increase in the number of his non-working days can the subject stand before he kills not the overlord but himself?

As of now, the picture of the college graduate going into action is not a particularly stirring one. According to a survey by Louis Kraar and James N. Wallace (staff reporters of *The Wall Street Journal,* Friday, June 14, 1957) these men find the graduating class of 1957 in its own words, "silent, satisfied, fired by few political or economic challenges." They want above all social security and none of the romance of risk. They expect to live above the middle of the social classes but they do not believe that this will call for much work on their part. They are not ambitious to conquer the tough job nor yet to fall into one which demands responsibility. All this leads up to the effortless life, and so to the atrophy of any man's inborn faculties. When indeed, ambition is declared, it is framed in these words of a senior collegian. The English is his not mine.

Personal Avowal

"Ten years from now," says he, "I'd still like to be so nobody can tell me what to do. I want plenty of liquor, women and a big bank account, a nice car to drive. I'll have a bachelor's apartment with a hi-fi set, a den and a bar. My real hopes are to really make a bundle. I figure you've got to have it to have any fun. I want the best liquors and a nice girl who won't worry me about marrying her. I don't visualize the picket fence type of living; that's sheer boredom."

Whither?

Now don't fall off your chairs as I try to indicate to you the only route that mankind must travel to save itself.

It is that of the doctor!

This is not to debase the qualifications or the aims of any other pilgrim seeking right answer, but the man of medicine has tremendous advantage. He has not sought his high place but has been pushed into it. This is because mankind has, since time began, built up for itself a concept of the physician as a demigod, unbiased as to color, creed, politics or social status. Man throughout the centuries, in all climes, under all flags and with all colors has held the figure of the doctor the one most helpful, the one least grasping and the one most to be trusted. The cleric, the lawyer, the good citizen can do no more and they are esteemed in the order in which they serve the total of mankind.

(To Be Concluded in July Issue)

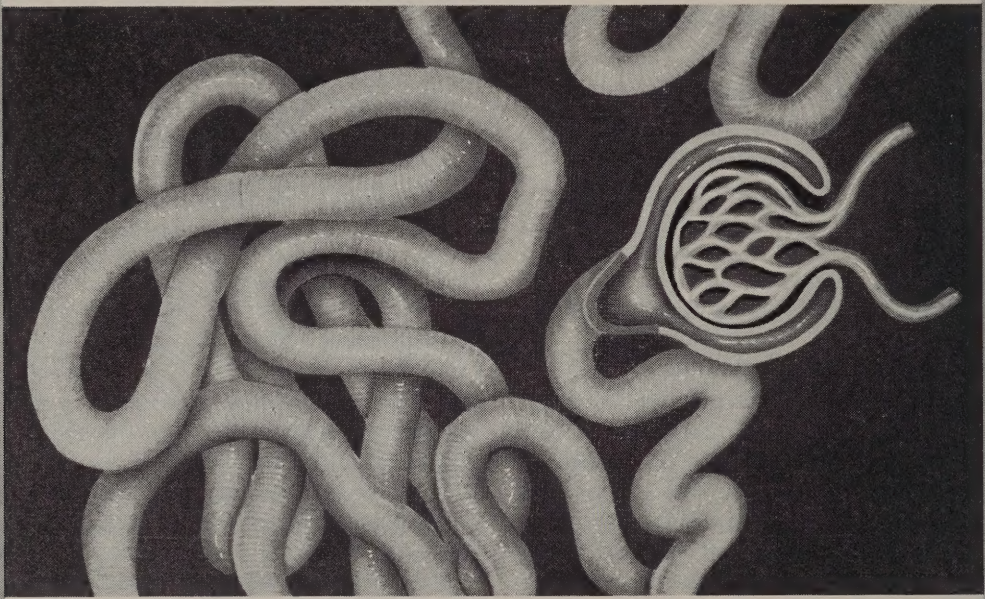
Historian Dies

John O. Marsh, Columbus, who contributed directly and indirectly to the Historian's Notebook, died at the age of 52 on April 7. A former curator of history for the Ohio State Archeological and Historical Society, now the Ohio Historical Society, he more recently held the post of naturalization instructor for the Columbus Board of Education. He was also secretary-treasurer of the Ohio Academy of Medical History.

In the earlier days of this Nation, the use of snuff as a dentifrice was quite popular. Pulvarized tobacco sweetly scented and flavored with powdered rose petals, lemon, verbena, grated prunes, cheese, rose-scented vinegar, and extracts of vanilla and peppermint, cognac or sherry wine, were used.

AN AMES CLINIQUICK T.M.
CLINICAL BRIEFS FOR MODERN PRACTICE

Which plasma proteins may be hazardous in renal disease?



The globulins. They are more easily precipitated to form casts with blockage of renal tubules. The greater the damage to the glomeruli, the greater the proportion of urinary globulin to albumin and subsequent tubular impairment.

Source—Hoffman, W. S.: The Biochemistry of Clinical Medicine, Chicago, The Year Book Publishers, Inc., 1954, p. 233.

colorimetric "dip-and-read" test for proteinuria

just dip...

ALBUSTIX® BRAND Reagent Strips ...and read in mg. %

for tablet testing—ALBUTEST® Reagent Tablets detect proteinuria with one drop of urine.

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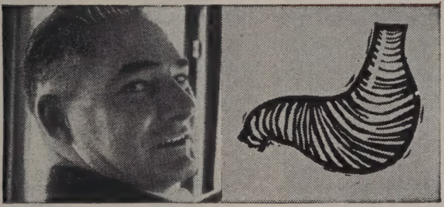
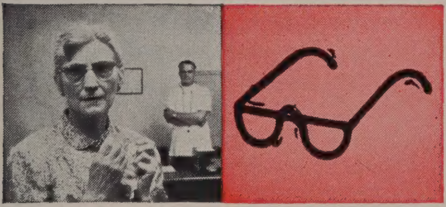
in each of these indications for a tranquilizer . . .

SR is a cardiac patient. His doctor put him on ATARAX because (+) it is an anti-arrhythmic and non-hypotensive tranquilizer.



Other tranquilizers added to PN's g. i. discomfort (he has ulcers). But now his doctor has him on ATARAX because (+) it lowers gastric secretion while it tranquilizes.

Asthmatic JL used to have frequent tantrums followed by acute bronchospasm. Her family doctor tranquilized her with ATARAX because (+) it is safe, even for children.



Senile anxiety and persecution complex dogged Mrs. K. until her doctor prescribed ATARAX Syrup. (+) It tastes good, and it's a perfect vehicle for Mrs. K's tonic.

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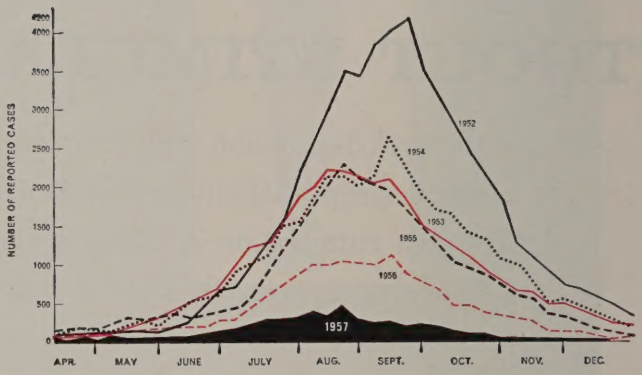
A MIRACLE IN OUR TIME ?

At the last accounting,[1] physicians throughout the country had administered at least one dose of poliomyelitis vaccine to 64 million Americans—all three doses to an estimated 34 million. Undoubtedly, these inoculations have played a major part in the dramatic reduction of paralytic poliomyelitis in this country.



Incidence of polio in the United States, 1952-1957
(data compiled from U.S.P.H.S. reports)

vaccine is plentiful for the job remaining

There are still more than 45 million Americans under forty who have received no vaccine at all and many more who have taken only one or two doses.

As it was phrased in a public statement by the Department of Health, Education, and Welfare:

> *"It will be a tragedy if, simply because of public apathy, vaccine which might prevent paralysis or even death lies on the shelf unused."*[2]

Eli Lilly and Company is prepared to assist you and your local medical society to reach those individuals who still lack full protection. *For information see your Lilly representative.*

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1. *J. A. M. A.*, 165:*21* (*November 23*), *1957.*
2. *Department of Health, Education, and Welfare: News Release, October 10, 1957.*

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JONATHAN FORMAN, M. D., *Editor*

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Resuscitation

JAY JACOBY, M.D., CAROLYN ZIEGLER, M.D., WILLIAM HAMELBERG, M.D., and JOHN JONES, M.D.

ARE Boy Scouts better able to deal with an emergency than physicians? With the advent of warm weather, increasing numbers of respiratory emergencies can be expected, due to swimming accidents. When a doctor arrives on the scene, is he as well qualified to resuscitate the patient as Boy Scouts, police, firemen, or Red Cross workers? In many instances, the physician is at a disadvantage, since the techniques of artificial respiration have been practiced by the others, whereas the physician has only a vague reading knowledge of the subject.

Many people believe that in an emergency, something—a respiratory or cardiac stimulant—should be injected. To do any good at all, drugs must be given intravenously; absorption from intramuscular or subcutaneous sites would be too slow. If respiration has stopped, drugs are of no value until a clear air passage and adequate artificial respiration are established.

Even if the physician becomes an expert with manual artificial respiration, he is still only equal in ability to a trained layman. The manual methods of artificial respiration, at best, are not very efficient or effective. This article will describe techniques whereby the physician can excell in this vital task.

Every physician should be experienced in the use of resuscitation equipment, as well as in the methods of artificial respiration which may be used in the absence of such equipment. The technique now recommended by the American Red Cross and other official agencies is the arm-lift back-pressure method (Holger-Nielsen). This is more efficient than the other techniques which were formerly popular (Schaeffer, Eve, etc.). Motion pictures demonstrating the approved techniques are available for showing at county medical societies and hospital staff meetings (Squibb & Sons and U. S. Coast Guard, Division of Visual Education).

The need to perform artificial respiration arises in many situations, aside from those connected with swimming or other accidents. Acute disturbances of the respiratory system may develop in otherwise healthy individuals. Effective and promptly executed resuscitative measures may save a life which would otherwise be needlessly lost. The following case reports are examples of the difficulties which may arise in the physician's office.

The Authors

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Case Reports

Case I: A 49 year old white male who early in life sustained a lye burn of his esophagus, came to the outpatient clinic for dilatation of his esophageal stricture. This was not a new experience for him. His esophagus had been dilated about 200 times under local anesthesia. Premedication of 120 mg. phenobarbital, 100 mg. Demerol®, and 0.4 mg. scopolamine was used. His throat was sprayed with approximately 5 cc. of 20 per cent cocaine.

After anesthesia developed, he was escorted into the treatment room. In transit, he began to complain of feeling dizzy and had to be helped to the table. He then lost consciousness and began to convulse. He was given 120 mg. of Nembutal® intravenously. This was followed by 2 cc. of Coramine® intramuscularly (contraindicated). For the next five minutes the patient became progressively cyanotic, and the convulsions became more sustained. His pulse was not palpable. At this time, an anesthesiologist arrived. He inserted an airway and gave artificial respiration with oxygen by mask. This relieved the cyanosis.

Associated with this man's convulsions and respiratory difficulty, he also had circulatory depression. The pulse and blood pressure were restored with an infusion containing 5 mg. Neo-Synephrine® in a liter of 5 per cent dextrose solution. To combat the cerebral edema which would probably occur as a result of his cyanosis and convulsions, he was given 100 cc. of concentrated serum albumin intravenously. He was admitted to the hospital and followed closely thereafter. Consciousness returned four hours after the episode. He made an uneventful recovery.

Case II: A 55 year old man was treated in a doctor's office for a boil on the thigh. In order to relieve the pain, and to facilitate incision of the boil, the physician thought it would be wise to give the patient an opiate. Accordingly, he told his office assistant to prepare an eighth of a grain of morphine, and he administered it to the patient intravenously. Within the next three minutes, the patient developed progressive drowsiness. He finally became comatose and stopped breathing.

The doctor instructed his office assistant to call for the Fire Department Emergency Squad. In the interval, he administered artificial respiration manually, but progressive cyanosis developed. The prompt arrival of the Emergency Squad and their effective use of resuscitation equipment was responsible for the satisfactory outcome of the case. A narcotic antagonist (Lorfan® or Nalline®) might have been effective if given early.

Later questioning of the office assistant established the fact that she had found only quarter grain tablets of morphine in the cabinet. Instead of dividing the quarter grain (15 mg.) of morphine in half, she used two tablets, thinking that one-fourth and one-fourth equal one-eighth. The resulting mixture therefore contained a half grain of morphine (30 mg.).

Case III: A 31 year old woman, without previous history of allergy, was given 200,000 units of penicillin by her physician. Shortly after the injection the patient developed nausea and her skin became bright red and flushed. This was followed by severe dyspnea and projectile vomiting. The patient then became unconscious and cyanotic, and she had no palpable pulse.

The physician administered Adrenalin® intramuscularly without result. Oxygen was given by nasal catheter and the cyanosis was partially relieved. An infusion containing Neo-Synephrine was started, and the patient was transferred to a nearby hospital.

Oxygen and vasopressors were needed for the next 12 hours. The patient regained consciousness about six hours after the episode and made a complete recovery. About a year later, the patient took some penicillin orally and a similar incident occurred.

Clear Airway

The goal in artificial respiration is to accomplish pulmonary ventilation, thus getting oxygen into the lungs and carbon dioxide out of them. The various methods of manual artificial respiration function largely by compression of the chest, forcing air out of the lungs; when the pressure is released, the elasticity of the thoracic cage tends to restore it to its original shape and volume. This creates a slight vacuum within the thorax and draws air into the lungs.

In all types of artificial respiration, clear air passages must be maintained so that air or oxygen may freely pass into and out of the lungs in response to small pressure changes. If the breathing passages are obstructed, even slightly, little or no air will be moved; the pressure changes are so small that they cannot overcome even moderate resistance.

To provide a clear air passage, the physician inserts his finger into the patient's mouth and removes any foreign material which may be in the mouth or pharynx. Secretions or blood are removed by the physician's finger wrapped in a gauze or a handkerchief or by suction, if available. This having been done, the patient's head is extended and his chin is held up. To support the chin, the physician's fingers are loosely clenched into a fist. His index fingers are then inserted behind the angles of the patient's mandible. The physician's thumbs rest along the sides of the mandible holding the mouth slightly open. The mandible is pushed forward so that the patient's lower teeth override his upper teeth. This provides a clear air passage in the great majority of patients. In addition, an oral airway may be inserted, or the tongue may be grasped with gauze or handkerchief, and pulled forward.

The insertion of an endotracheal tube or the performance of a tracheotomy are far more certain methods of obtaining a clear airway. Many fatalities could be avoided if these two procedures were used earlier and more frequently.

Manual artificial respiration is often ineffective because insufficient attention is paid to maintaining a clear airway. One person often cannot adequately manage the airway and at the same time perform the manipulations involved in the usual methods of artificial respiration. The physician should manage the airway, and have the trained layman perform the maneuvers of the arm-lift back pressure method.

Artificial Respiration Without Equipment

The physician, however, can and should obtain better results with artificial respiration, than a layman using the standard methods. Mechanical resuscitators are complicated and expensive. Often, they are not available, or do not function in time of emergency, because they were not properly cared for at the time of previous use or because their method of operation is forgotten.

In the absence of any equipment, the best method of artificial respiration is mouth-to-mouth breathing. This has three advantages over other methods:

(1) A positive pressure is used to force air into the patient. This can overcome mild obstruction.

(2) Each time that air is blown into the patient's mouth, the lungs fill and the chest can be seen to rise. This gives proof of the effectiveness of the treatment.

(3) The same person can maintain a clear airway and also inflate the patient's lungs. The method is neither tiresome nor difficult, and can be maintained for prolonged periods with little effort. A modification of this is mouth-to-tube insufflation.

The physician's exhaled air, which enters the patient's lungs, is slightly lower in oxygen content and slightly higher in carbon dioxide content than ordinary air. The difference in gas content, however, is not sufficient to be of practical importance. Exhaled air contains about 16 per cent oxygen and is ample to support life. Because he is hyperventilating at this time, the physician's exhaled breath contains more oxygen than is ordinarily present. Remember, it is better to ventilate the lungs with exhaled breath containing 16 per cent oxygen, than to try to ventilate them with air containing 21 per cent oxygen, and not accomplish it.

Technique

Mouth-to-mouth resuscitation is accomplished in the following way:

(1) Be sure there is no foreign material in the patient's throat.

(2) With the patient lying on his back, his head is extended.

(3) The physician places himself above the head of the patient so that he is facing the patient's feet. The physician makes himself comfortable in this position, allowing his elbows to rest on the ground so that there is no physical strain.

(4) The patient's mandible is supported.

(5) The physician places his mouth over the patient's mouth, with his lips slightly separated and pressed closely upon those of the patient. The tighter the fit between patient and physician, the more effective is the effort to force air into the patient's lungs. If the fit is too loose, most of the air will blow out along the sides and little will enter the patient's lungs.

(6) The physician blows his exhaled breath into the patient's mouth at whatever rate is comfortable for him. Because of excitement, the physician's respiration will be more than adequate in rate and depth to provide for the patient's oxygen requirements.

(7) The physician's lips are lifted slightly each time he inhales, and replaced on the patient each time he exhales.

(8) Mouth-to-mouth respiration should be maintained until the patient recovers adequate spontaneous respiration, or until equipment for artificial respiration is brought to the scene.

Speed of action is far more important than the use of complicated equipment. Never delay artificial respiration in order to bring the patient to the equipment. On the contrary, begin mouth-to-mouth resuscitation immediately; have the equipment brought to the patient.

Simple Equipment for Artificial Respiration

Every physician should have available a device for artificial respiration with oxygen; this is more desirable than any method which uses air. The need for it may arise because of anaphylactoid reactions, local anesthetic reactions, or other reasons. The same equipment can be used for oxygen inhalation and is of value for many patients who have attacks of syncope, angina, or respiratory distress. The equipment need not be complicated, heavy or expensive.

The mouth-to-mouth method can be modified in accordance with the method of Elam, using mouth-to-tube breathing.

A simple portable device, utilizing small cartridges of oxygen has been developed by Dr. Robert Hingson. Called the Western Reserve Midget, it may be purchased from Z & W Machine Products Co., Cleveland, Ohio, and can also be used to administer anesthetics. Each cartridge contains only enough oxygen to fill the breathing bag. If the mask does not fit tightly upon the patient's face, the supply of oxygen is quickly lost, and the cartridges must be replaced with great frequency.

Each physician can prepare a simple but very effective device for artificial respiration from inexpensive components. Basically, the equipment consists of an anesthetist's face mask, a breathing bag, and a metal connection for them. Either the connection or the bag must have a nipple for the attachment of the rubber tube which delivers oxygen. The Kreiselman bellows is also satisfactory.

Oxygen can be obtained from a hospital or drug supply company, or from any industrial welding supplier. Industrial and medical oxygen are equally pure. A large cylinder of oxygen, with reducing valve and flow meter, may be rented and kept in the physician's office. For portability, a small cylinder of oxygen with reducing valve and flow meter, can be rented or purchased. The small cylinder, about 20 inches in height, contains over 350 liters of oxygen, sufficient for most emergency situations.

In the event of an emergency, the oxygen cylinder is turned on and the flow rate is adjusted so that the breathing bag always contains oxygen. The minimum flow rate is 5 liters per minute (to blow away carbon dioxide); the maximum flow rate is whatever quantity may be necessary to keep the bag filled in spite of leaks between the mask and the patient's face.

The mask is placed over the patient's mouth and nose, settling it to the contours of the face in order to minimize leaks. The physician's left hand supports the patient's chin to maintain a clear airway, and holds the mask tightly to the face. With his right hand, he grasps the bag of oxygen and squeezes it intermittently, to force the oxygen into the patient's lungs. When he performs artificial respiration effectively, the physician is rewarded by seeing the patient's chest rise as the lungs fill with oxygen. Unless the patient's chest expands, something is wrong; either the airway is obstructed, or not enough oxygen is being forced into the lungs.

There is little reason to fear the effect of excess pressure. The problem is to get enough pressure to inflate the lungs and overcome the leaks. The inflation of the lungs can be regulated by moderating the force of bag squeezing.

Although expensive resuscitation machines are undoubtedly useful, the simple devices mentioned here are equally effective. It is recommended that one of these be kept in every phycician's office and at every swimming pool, and that physicians and lifeguards learn to use it. A set of various sized airways should be kept with it.

Summary

(1) Many occasions arise for physicians to administer artificial respiration, both in their offices and at the scene of accidents such as drowning. (2) Speed is essential, since life can be sustained for only a few moments in the absence of respiration. (3) The most important factor in artificial respiration is a clear air passage. Constant attention is required to keep it clear. (4) Without equipment, the most effective method of artificial respiration is mouth-to-mouth insufflation. (5) The physician can do better artificial respiration than a layman if he: (a) maintains a clear airway; (b) sees that expansion of the chest follows each effort to inflate it. (6) A device for the administration of artificial respiration with oxygen should be kept in every physician's office and at every swimming pool. Physicians and lifeguards should learn to use it.

Franklin County Pelvic Cancer Delay Committee Report

By John H. Holzaepfel, M. D.
Columbus, Ohio, Chairman

Following is a summary of cases presented before the Franklin County Pelvic Cancer Delay Committee on April 16, 1958. The meeting was held at the Columbus City Health Department.

Case No. 58. The patient is a 55 year old white female with the onset of vaginal bleeding approximately 16 months ago. Thirteen months ago she was seen in a cancer clinic but was not examined. Admission to the hospital for evaluation was advised but she refused at that time due to transportation difficulties. Eight months prior to the present time the patient received intracavitary radium and approximately 30 external x-ray treatments. She was then followed with periodic examinations at three month intervals. Six weeks ago she again had the onset of vaginal bleeding, nausea and vomiting consistent with a 10 to 20 pound weight loss. Three days ago this patient was admitted to the hospital with a partial bowel obstruction, and, diagnosis is carcinoma of the cervix, clinical stage IV.

Comments: *Patient delay,* three months. *Institutional delay,* five months. It is most important for a patient to be seen by a physician rather than a social worker or a nurse and this patient delay could have been avoided with proper management in the clinic. Patient had full therapy but too late.

Case No. 59. The second patient presented today is a 63 year old white female who had her first symptoms of bleeding in July. She first consulted her family doctor in October and was referred to a general surgeon who advised against surgery but referred the patient to a radiologist. She first saw the radiologist in January and he found her to have a stage III carcinoma of the cervix and gave her external therapy during January and early February. She was then referred to a cancer clinic for further care. In April on admission to a hospital she was found to have radiation changes in the skin anteriorly and posteriorly with evidence of a 5 cm. midline lead strip having been used. She had an exophytic necrotic bleeding tumor mass involving the entire cervix and extending two thirds of the way down the vaginal wall. It extended laterally to the left pelvic wall and two thirds of the way to the right pelvic wall. She is now being evaluated for central therapy with radioactive cobalt.

Comments: *Patient delay,* four months. *Physician delay,* seven months. General surgeon could and should have done a biopsy or at least a Papanicolaou smear examination. Patient received insufficient x-ray therapy.

Case No. 60. This is a 51 year old white female with history of bleeding from January to March. She saw her physician who recommended immediate biopsy and report reads squamous cell carcinoma of the cervix, clinical stage III. The tumor was a cauliflower-type growth replacing the entire cervix and extending two thirds of the way down the anterior vaginal wall. There is invasion of the posterior fornix.

Comments: *Patient delay,* two months. *Physician delay,* none. In many instances the amount of delay may be due to patient's lack of responsibility, unawareness or inability to accept diagnosis. This could have been picked up earlier on routine examination.

Topical Treatment of Psychosomatic Skin Reactions

J. SHANON, M.D.

THE term "psychosomatic" as aptly defined by Alexander[1] means "a method of approach both in research and in therapy, namely the simultaneous and coordinated use of somatic and psychological methods and concepts."

We find, in dermatologic practice, that many patients have skin conditions which are caused or aggravated by chronic emotional conflicts. In these cases, it is necessary to provide, contemporaneously, psychotherapy (relationship, supportive, suppressive, expressive) and local treatment.

The choice of topical therapy is of the highest importance, since it might improve or aggravate the skin condition. Sometimes, especially at the beginning of the therapy, the effect or lack of effect of a local application is crucial in determining the doctor-patient relationship which is of primary importance in the course of treatment. This is of particular importance in the treatment of patients with psychosomatic skin diseases.

Ideally, a topical preparation should not sensitize or irritate the skin. In addition, it should have soothing and cleansing qualities. Such qualities are possessed by a colloidal oatmeal* preparation, (Aveeno®[3], which was chosen to be used as local treatment for patients with psychosomatic skin diseases who were receiving a tranquilizer (Trilafon®) and/or psychotherapy.

The purpose of this study was to determine if the colloidal oatmeal preparation contributes to the efficacy of tranquilizers and/or psychotherapy in the treatment of patients with psychosomatic skin diseases.

Material and Methods

Aveeno is a colloidal oatmeal preparation which contains 46 per cent oat starch, 24 per cent oat protein and 9 per cent oat oil. It is a dry, palpable powder, dispersible in warm and cold water. When dispersed in warm water, Aveeno absorbs a large amount of water, developing a good covering power. It is recognized for its relative lack of irritating and sensitizing factors.

Its skin coating ability and its mildly acid *p*H counteracts the alkalinity of diseased skin. Unlike soap it does not remove the protective lipid mantle which guards the normal acid *p*H of the skin.[2,3] Thirty-one patients with pronounced psychosomatic dermatoses who ranged in age from 4 to 82 years including 21 females and 10 males were studied for a period of 5 to 10 weeks, during which time they were treated with local applications of colloidal oatmeal. Of these 31 patients 9 patients were on a psychosomatic ward. The remainder were studied on a dermatology service. The colloidal oatmeal was administered by means of a bath (19 cases) or shower (12 cases). Table 1 indicates the disease entities and mode of local treatment.

The Author

● **Dr. Shanon, Cincinnati, is Fellow in Psychosomatic Dermatology of the Department of Dermatology and the Psychosomatic Service of the Department of Psychiatry, University of Cincinnati College of Medicine.**

TABLE 1—*Types of Dermatoses Treated with Colloidal Oatmeal*

Diagnosis	No. Patients	Bath	Shower
Atopic Dermatitis	6	3	3
Neurodermatitis	4	2	2
Duhring's Disease	1	1	0
Hand Dermatitis	4	4	0
Lichen Planus	2	1	1
Seborrhoic Dermatitis	4	2	2
Psoriasis	5	3	2
Chronic Urticaria	3	1	2
Pruritus Vulvae and Ani	2	2	0
	31	19	12

Mode of Preparation

Bath: Two cups of cold water were added to one cup of colloidal oatmeal. The powder was rubbed into a paste which was then placed in the tub beneath the faucet. Warm water was allowed to flow at full force over the paste. Such a preparation of the bath avoided the forming of lumps. The tub contained about 25 gallons of water which was brought to the temperature of 35° centigrade.[3]

Shower: The patients were instructed to wet the part of the body to be cleansed. The colloidal oatmeal paste, made as indicated above, was applied on the affected parts of the body with a light massaging action. They were told to shower lightly for about 10 minutes, allowing the colloidal demulcent to remain on the body.

The use of soap was avoided in all the patients.

Results

Of the 19 patients utilizing colloidal oatmeal baths, a total of 11 showed marked improvement of itching and of the skin condition. Five of the 19 patients complained of dryness of the skin and as a result were switched to oatmeal shower treatment. On this regimen, three of the five patients obtained subjective and objective improvement, but the remaining two patients demonstrated no change in their skin diseases.

---

*Colloidal oatmeal used in this study was Aveeno®, furnished by Aveeno Corporation, New York 19, N. Y.

It should be mentioned that there were three patients who discontinued treatment with the colloidal oatmeal baths. Two of these three cases were subjects who suffered a hand washing compulsive neurosis. Both these subjects discontinued therapy, complaining that the baths provided insufficient lather to perform a thorough handwashing.

From the group of 12 patients who were on a colloidal oatmeal shower regimen, 10 showed marked and prolonged improvement of the itching and of the skin condition. Two others experienced a moderate improvement. All 12 patients praised oatmeal showers, which rendered the skin "very clean and beautiful" (a typical statement). All of them experienced relief of emotional tension.

Table 2 summarizes the experimental results.

TABLE 2—*Results of Treatment with Colloidal Oatmeal Preparations*

	No. Patients	Improvement			Discontinued
		Marked	Moderate	None	
Bath	19	11	0	5	3
Shower	12	10	2	0	0
	31	21	2	5	3

Summary and Conclusions

A colloidal oatmeal preparation for local use which is soothing and cleansing, but not irritating to the skin is effective as an adjuvant therapy in psychosomatic skin diseases being treated by a tranquilizer and/or psychotherapy.

Colloidal oatmeal has a favorable influence on the skin and the emotions of the patient, allowing the patient to become more amenable to other means of therapy.

In a variety of nine disease entities, approximately 74 per cent (23 of 31 cases) demonstrated marked or moderate improvement while being treated with colloidal oatmeal baths or showers. It appears that the best results were obtained with colloidal oatmeal showers. This method of therapy is easy to apply and it appears to be most pleasant to the patient as well as being most effective in ameliorating the skin pathology.

Colloidal oatmeal is also indicated in skin patients who are on a research program where there is a need to evaluate the effect of a medical, psychiatric or combined therapy, since it does not interfere with other modes of treatment.

For all these reasons colloidal oatmeal appears to be an excellent topical application for the psychosomatic skin patient.

Bibliography

1. Alexander, F.: Psychosomatic Medicine. New York, W. W. Norton and Co., Inc., 1950, p. 50.
2. Grais, M. L.: Role of Colloidal Oatmeal in Dermatologic Treatment of the Aged. Arch. Dermat. & Syph., 68:402-407, October, 1953.
3. Kierland, Robert R., and Ede, Mitchell: New Type of Colloid Bath. Arch. Dermat. & Syph., 63:502, Apr., 1951.

Selective Readings

Radiation: What It Is and How It Affects You, by Jack Schubert, Ph. D., and Ralph E. Lapp, Ph. D. ($3.95. *Viking Press, New York 22, N. Y.)* By some strange circumstance this book was published about the time that Albert Schweitzer made his world-wide appeal for the abolition of nuclear weapon tests; a few days before the opening of a special Congressional inquiry into present and future fall-out perils and coincided with the 1957 United States and British nuclear explosions which provoked riots in Japan.

Those familiar with Dr. Lapp's writings on this subject find it no surprise that he and Dr. Schubert have followed the Liberal-Neutralist communist line for the moment and recommended an immediate world-wide ban on atomic nuclear tests. This book is of particular interest, however, to us physicians since a great deal of emphasis is put upon the consideration of the perils of the overuse and the misuse of radium, radioisotopes, x-ray and fluoroscopes in medical diagnosis and treatment. How careless operators of x-ray equipment are in handling this lethal machine was shown in the 1954 survey of 82,000 American physicians; the average radiologist lives 5.7 fewer years than the average doctor who is not exposed to radiation and most of us are operating machines without any calibration of the amount of radiation they deliver and we have an increasing number of people who expect an x-ray picture to be taken whenever anything is wrong with them.

The whole question of radiation is extremely controversial and it is impossible to get at the facts at the present time because scientists are divided into two definite groups so far as personal bias is concerned. The majority do not see any harm in radiation as long as nobody is killed or mutilated. The minority think that we should establish the harmless character of this agent before we use it promiscuously and that it is up to the ones who are going to use it to prove that it is not harmful. Geneticists are frightened about what is going to happen to future generations.

So-Called Tranquilizing Agents

DR. ROBERT C. KIRK

SIR WILLIAM OSLER once wrote "The desire to take medicine is perhaps the greatest feature which distinguishes man from animals." The desire to write about their effects might distinguish physicians from laymen. The bibliography for a recent drug, Aureomycin,® has passed 10,000 items and that for Thorazine® has passed 5,000. It is hard to believe that any author has carefully reviewed the literature on either drug, nor does the present one intend to. However, nearly 25 years of attendance on sick adults has given him some opinions on drug usage and drug effect, especially as they apply to the "nervous patient." These he intends to use freely in discussing tranquilizing agents. Psychotropic drugs or ataractics, or apathecatory agents are other ways of labelling such substances. It is well to keep in mind the definition of ataraxy; freedom from confusion or anxiety. But it also has been defined as "stoic indifference." Is this the *nirvana* of the ancients? It is well for us to try to have a clear answer to this.

Never before in the field of emotional conflict have so many chemicals been administered to so many patients with so many diverse results. Opinions have ranged from "no benefit" to such enthusiasm in one symposium as to have a reporter liken it to a revival meeting. One is reminded of another saying, "Beauty is in the eye of the beholder."

Structural Relationships

The major breakthrough in the treatment of severe mental disease with drugs, occurred a little over four years ago with the discovery of chlorpromazine, known in this country as Thorazine, where it has been taken by an estimated 9-million patients. Chemically it is related to phenothiazine,[1] the most widely used anthelmintic in veterinary medicine. From it were made the two antihistaminics Phenergan® and Pyrrolazote® and the two anti-parkinsonism drugs, Parsidol® and Diparcol.® Similar to Thorazine in structure and possibly in action are other less widely used tranquilizers, Trilafon,® Pacatal,® Sparine® and Compazine®. Of these I have little knowledge.

Mode of Action

In the classifications of psychotropic drugs, the phenothiazines and reserpines are considered true tranquilizers. This they are thought to do by relieving the primary unconscious, subcortical epinephrine precipitable warning and tension-anxiety manifestations. Walton[2] says they affect the midbrain and cut down sympathetic effect. This is simpler and strikes me as much more measurable. They are said to antagonize acetylcholine, histamine and serotonin. Gerard[3] wrote recently, "I doubt if anybody knows enough about any drug to have more than a private opinion as to the directions and significance of his laboratory explorations."

The Author

● **Dr. Kirk, Columbus, is a member of the staffs of Grant, University, Mt. Carmel, and St. Anthony Hospitals; also assistant professor of clinical medicine, The Ohio State University College of Medicine.**

Results of Treatment

Much better known are the results in series of treated patients. Thorazine suppresses psychomotor activity and calms to a state of docile tractability. This has resulted in recovery sufficient to permit the return home of over 80 per cent of patients with acute schizophrenia. It has improved the figures for chronic schizophrenics from 19 per cent to 34 per cent going home. It has acted impressively in acute alcoholism providing severe hypotensive crises are avoided by the proper use of Levophed® when necessary. It has practically abolished lobotomy and has reduced electroshock treatments in the great psychiatric hospital of St. Elizabeth's, from 1168 to 107 in one year. It has become a standby in the treatment of hiccoughs and of vomiting.

Its use in anxiety states has been extremely disappointing in my own practice. An occasional spectacular result could as well be explained by a "placebo-reactor" effect. By and large no patient of mine has requested continuation of treatment with Thorazine. It has deepened depression alarmingly in at least two cases, requiring institutionalization for many weeks.

Every physician prescribing phenothiazine derivates should know the relative frequency and type of adverse effect which he may expect. The following, taken from Hollister's[4] current article refers primarily to the best studied drug, Thorazine.

Adverse Behavioral Effects

1. Both Thorazine and reserpine may cause a worsening of abnormal behavior or primarily produce abnormal behavior, especially reserpine. Such symptoms are restlessness, insomnia, bizarre dreams and social withdrawal. Depression resulting in suicidal attempts has been the most serious effect.

Toxic Effects on the Central Nervous System

1. The Parkinson syndrome may appear in patients receiving 300 mg. or more of Thorazine or 2 mg. of reserpine daily.
2. Seizures.
3. Dystonic syndrome.
4. Hyperthermia or hypothermia.
5. Myasthenia-gravis-like syndrome.

Toxic Effects on the Autonomic Nervous System

1. Hypotensive crises.
2. Nasal congestion.

Tachycardia	Chlorpromazine
Dry mouth	
Blurred vision	
Pallor	
Constipation or impaction	
Activation of peptic ulcer	Reserpine
Bradycardia	
Excessive salivation	
Cutaneous flushing	
Vomiting	
Diarrhea	

Allergic or Toxic Reactions Chlorpromazine Only

1. Jaundice, 1 to 2 per cent of patients treated over seven days. May persist six months.
2. Agranulocytosis—50 cases.
3. Purpura—rare.
4. Dermatitis—common (nurses, especially).

Metabolic or Endocrine Effects

1. Weight gain, as high as 60 pounds.
2. Lactation—12 per cent in women
3. Gynecomastia
4. Menstrual irregularity.

With these undesirable side effects and reactions kept carefully in mind there is no reason why any physician may not feel free to treat any patient he considers a subject for such therapy. As Hollister[4] points out, therapeutic paralysis has never done patients much good. On the other hand, it is not for the drug houses to tell us physicians how and whom to treat. The ultimate decision for this must rest in our consulting room and we neither can nor should avoid the full responsibility for any therapeutic procedure.

Philosophical Considerations

Accordingly it seems proper here to review some thoughts on tension which seem to be at the root of the present-day widespread interest in tranquilizing agents. Aldous Huxley[5] has written a superb article which should be read in its entirety but I quote from his discussion of tension:

"Tension, I should say, arises in persons who, because of some congenital or acquired weakness, are unable to cope with certain distressing situations. These distressing situations are produced by conflict—conflict between the fundamental drives to self-affirmation and sex on the one hand, and the equally fundamental drive to gregariousness on the other.

"Like all other diseases, tension tends to narrow the patient's awareness until, in extreme cases, he is conscious of nothing but himself. Grave illnesses profoundly change the personality of their victims. To this changed personality the narrowing of awareness induced by the illness soon comes to seem almost normal and is taken for granted. Tension is not a severe illness, and those who suffer from tension are well enough to feel and suffer from the cramping self-centeredness imposed upon them by their psychosomatic disorder.

"One of the most disagreeable symptoms of tension is simply the normal distress at being an island universe raised, so to speak, to a higher power. Man is a self-adoring egotist, but an egotist who often feels an intense distaste for the object of his idolatrous worship.

"Correlated with this distaste for the beloved self, there exists in all human beings an urge to self-transcendence, a wish to escape from the prison of personality, a longing to become something other and greater than the all-too-familiar Me, a susceptibility to nostalgia for a world superior to, or at least different from the boring or painful universe of everyday reality. The religious man has attributed this universal urge to self-transcendence to an innate and deep-seated yearning for the divine. The biologist sees the matter somewhat differently, and he attributes man's desire for self-transcendence to the workings of his innate gregariousness. The individual longs to be merged with the herd, but he is too self-centered to be able to do so completely and too self-conscious to be able to sustain the attempt for long. He is therefore condemned to live in a state of chronic dissatisfaction, constantly pining for something that, in the very nature of things, he can never have."

Of pharmacology he is equally articulate. He writes further: "Let us always remember that, while modern pharmacology has given us a host of new synthetics, it has made no basic discoveries in the field of natural drugs; it has merely improved the methods of extraction, purification and combination. All the naturally occurring sedatives, narcotics, euphorics, hallucinogens, and excitants were discovered thousands of years ago, before the dawn of civilization. This surely is one of the strangest facts in that long catalogue of improbabilities known as human history. It is evident that primitive man, experimented with every root, twig, leaf and flower, every seed, nut, berry and fungus in his environment.

"Pharmacology is older than agriculture. There is good reason to believe that even in paleolithic times, while he was still a hunter and a food-gatherer, man killed his animal and human enemies with poisoned arrows. By the late Stone Age he was systematically poisoning himself. The presence of poppy heads in the kitchen middens of the Swiss Lake Dwellers shows how early in his history man discovered the techniques of self-transcendence through drugs. There were dope addicts long before there were farmers."

With these remarks I am in complete accord, as are the great majority of physicians dealing with such problems. Harry Beckman[6] at Marquette, writes as follows, with a finality that destroys all argument:

"We need a therapy that will attack the etiological factors in mental illness, not merely behavioral disturbances such as those of the unconforming, embattled individual, disturbances that may be manifestations of genius. We must not be satisfied with drugs that merely reduce disturbed persons to a tranquil state. Such agents, applied indiscriminately, may ultimately eliminate from the race those periods of travail, turmoil, and stress out of which the supreme efforts of mankind have so often emerged.

"The potentiality of mental illness exists in all of us (or rather the best of us), and those urges that keep us frothing in our laboratories and at our desks when more sensible men are out fishing are perhaps the precious links with the 'looney bin' that should not be severed. Evidences of imbalance, the symptoms of mental illness, are not the legitimate objectives of exclusive therapeutic endeavor, and the employment of tranquilizing agents on this level alone is loaded with potential doom for the race as the highest of evolved creatures. The etiological factors of overt mental illness are the only safe and proper objectives for treatment."

Conclusion

Except as otherwise stated in the text, the use of reserpine and phenothiazine derivatives in the ordinary office practice for psychoneuroses has been vastly disappointing. The author has attempted to show how this may be a blessing in disguise.

Bibliography

1. Berger, F. M.: Tranquilizing Drugs. Ann. New York Acad. Science, vol. 67, art. 10:685-699, 1957.
2. Walton, J. H.: Personal Communication.
3. Gerard, R. W.: Concluding Remarks. Ann. New York Acad. Science, vol. 67, art. 10:885-894, 1957.
4. Hollister, L. E.: Complications from the Use of Tranquilizing Drugs. New England J. Med., 257:170-177, July 25, 1957.
5. Huxley, Aldous: The History of Tension. Ann. New York Acad. Science, vol. 67, art. 10:675-684, 1957.
6. Beckman, Harry: Introductory Remarks. IBID, 673-674, 1957.

Management of Comatose Patients Requires Special Treatment

Although coma is a symptom complex, it requires special treatment regardless of cause. It represents one of the five stages of unconsciousness. Improvement of an unconscious patient is characterized by changes from a deep to a lighter stage as illustrated by ascending the rungs of the unconsciousness ladder. Evidence of cerebral decompensation requires vigorous therapy to reverse the physiologic trend.

Maintenance of nutrition, fluid balance and body chemistry in a patient suffering with prolonged unconsciousness is best done by nasal tube feedings which permit normal absorption. Popularity of the sitting position for operative procedures requires an increased emphasis on the probability of venous air embolism. Therefore, all patients should be kept lying on the left side for at least fifteen minutes immediately following surgical therapy.

Early diagnosis of thrombosis of the internal carotid artery or of the superior longitudinal sinus is imperative for appropriate surgical therapy, which may be a life saving procedure. Therefore, angiography should be available. Routine use of fluids or blood intravenously is condemned. Indications for blood transfusions have been tabulated. The house staff, who usually must treat the unconscious patient first, should be trained in proper therapeutic and diagnostic procedures.—O. Hugh Fulcher, M. D., and K. L. McCoy, M. D., Washington, D. C.: *Rocky Mountain M. J.*, 55:27, April, 1958.

Rehabilitation of the Injured

ALEXANDER P. AITKEN, M. D.

THERE can be no doubt that medicine, as practiced today, in these United States has no equal throughout the world. The surgical handling of the case of acute trauma has reached a plane never before attained due to the stress laid upon the importance of adequate first aid, the transportation of the injured, and the tremendous strides made in the surgical handling of the various traumatic lesions aided immeasurably by the antibiotic drugs. The more recent developments made in the treatment of open wounds, in the field of plastic, hand and fracture surgery suffice to indicate the progress made in other fields.

Despite the advances made in the immediate care of acute trauma, the end results often fail to live up to expectations. This is largely due to a major defect in modern medicine, the failure on the part of the medical profession to recognize the importance of adequate surgical and medical aftercare. Unfortunately, rehabilitation of the patient does not end with the healing of surgical or medical wounds. Much more must be done for the patient, far more than is now appreciated by the medical profession in general.

What is meant by rehabilitation? For every group interested in this field there appears to be a different concept. To many, particularly the lay public, the term rehabilitation has become synonymous with physical medicine embracing physical, occupational and recreational therapy. To others, it means vocational training; while to still others, the problem is a psychological one to be treated in the field of psychiatry. These specialties, invaluable to restoration, are but adjuncts in a comprehensive concept of rehabilitation. Rehabilitation means the restoration of the patient to self-sufficiency or to gainful employment at his highest attainable skill in the shortest period of time.

Factors Which Influence Physical Restoration

On what, then, does successful rehabilitation depend? It depends primarily upon the extent and severity of the trauma. It depends upon the competence with which the patient is handled at the scene of accident and during his transportation to and within the hospital. Incompetent care in this phase may greatly augment the gravity of the original trauma.

The Author

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Perhaps the most important factor of all is the competency of the immediate definitive care. Unless a complete and accurate diagnosis is made and anatomical repair accomplished, then function can never return to the injured part despite the efficiency of postoperative care. To insure the maximum restoration of function, physicians must recognize the limitations of their own ability and not hesitate to call in those more competent to handle the acute emergency.

Of equal importance is the adequacy of treatment rendered in the convalescent period. Physicians in general and surgeons in particular must learn the direct effect such treatment has upon the end result. The utilization of the minimum amount of splinting to permit early active use of uninvolved muscles and joints is a factor not generally appreciated and one which should be corrected by competent instruction in medical school, hospital and postgraduate teaching.

Equally important is the use of exercise, not only for the injured part, but for the body as a whole. How many excellent reductions of Colles fracture end disasterously because of a swollen, stiff hand, or frozen shoulder due to lack of early active exercise of these uninvolved parts? How many patients, confined to bed for weeks, are unnecessarily retarded in their ambulation because their general bodily tone has been allowed to deteriorate due to that lack of exercise which could have been given during the period of enforced recumbency? All patients, whether hospitalized or outpatient, but particularly, those who are ambulatory and under domiciliary care, must be placed on those exercises which will restore function to a maximum degree in the shortest time. These exercises should include those obtained through work therapy.

The patient must be given specific instructions as

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to how, when and why these exercises should be done. This means scrupulous attention to detail on the part of the physician. Unfortunately, many physicians feel they have no time for such detailed supervision. This, however, is just as important an aspect of adequate care as the treatment of the acute emergency and is, therefore, a task which we must not shirk.

One of the best examples of the deficiency of present-day aftercare is that afforded the average civilian amputee. Legion are the surgeons who can perform excellent amputations; pitifully few are those who can supervise the procurement and fitting of an efficiently functioning prosthesis. This problem, usually left to the prosthesis maker whose primary interest is the sale of apparatus, is truly a medical one and should be so handled.

In many instances physical facilities may not be available in the hospital, doctor's office or in the patient's home, or the patient may be the type who will do nothing for himself unless constantly supervised. In such cases the patient should be sent, if possible, to a special center where such facilities and supervision are available. There is a great demand on the part of many lay groups for the establishment of special rehabilitation centers throughout the country.

The need for such facilities, particularly for the seriously injured, cannot be denied. The real need, however, is for the doctor to realize that once he has undertaken the care of a patient, his obligations to that patient cease only when restoration to as near normal as humanly possible has been accomplished. To that end the doctor must learn to administer the most efficient type of aftercare or to utilize the services of those individuals or institutions capable of so doing.

There is an excellent opportunity for much useful work to be done by our educational institutions in offering courses to the medical profession in the use of exercise and work therapy. Much can be done in this respect to improve the end results and to truly rehabilitate our patients whether they suffer from surgical or medical lesions.

Another factor which plays a profound part in the restoration of injured individuals is the recognition of intercurrent medical diseases. Diabetes, nephritis, anemia and vascular lesions, to name a few, may do much to retard convalescence. It is imperative that any surgical case which fails to make satisfactory progress be examined by a competent internist.

Physical Restoration May Be Retarded By Psychological Complications

A factor which all too frequently plays a decisive role in rehabilitation is the development of the psychological complications of trauma. In some intances, psychoneurosis or psychosis may develop to such a degree as to require the aid of a psychiatrist. Lesser degrees of emotional instability with depression due to insecurity precipitated by disability with loss of income may have a profound effect upon the patient's physical recovery. Worry over inability to meet current expenses, to keep a child in school, or to meet mortgage payments is a major factor in the production of such a depression.

This may not seem to be the concern of the doctor but emotional disturbances are, nevertheless, complications of trauma and if the physician will take a few moments for frank discussion he may do much to relieve the patient of his anxiety. Not infrequently, the physician may have knowledge of how financial aid may be obtained and thus afford the patient some relief from his apprehension.

Often, depression may be due to fear of loss of employment either through loss of a job or inability to return to one's regular work. If the physician is aware of this, a telephone call to the employer may result in a promise of work. In cases in which an individual cannot return to his regular work and when jobs are frozen by union seniority rights, discussion with management and union representatives may be productive of a promise of work within the patient's capacity.

It may seem to many that this type of social service is not a duty required of the attending physician. However, as doctors, we are treating sick people and the psychological effects of trauma are as real and as important to the patient and his recovery as any surgical complication. It is our duty to see the patient through his difficulties, mental as well as physical, and to give him any and every assistance possible.

Frequently, a patient is so badly injured that return to regular work is impossible, a fact often obvious to the surgeon within a short time of the injury. If such an appraisal is made, then the patient and his family should be so informed as soon as it is prudent to do so. Efforts should then be made to contact an agency interested in vocational training. The sooner such training is started, the sooner the patient will return to work at his highest attainable skill. It is not fair to the individual to allow him to entertain the hope that he may eventually return to his regular work when he obviously cannot do so.

There are numerous groups and agencies, both public and private, interested in the rehabilitation of the disabled. They ask only prompt referral of such individuals to them. No one is in a better position than the attending physician knowing his patients needs to see that these facilities are utilized. Most physicians, however, are unaware of the existence of such agencies and it would seem that our medical societies could do much to familiarize their members with the existence, function and utilization of these institutions.

This overall concept of rehabilitation places additional responsibilities upon the medical profession, but the problems created by injury or disease are basically medical problems and must be handled by us as such. We must change our concept that our responsibility to the patient ends with the healing of surgical or medical wounds and this philosophy must be instilled into the minds of medical student, intern, resident and colleague.

It is obvious that factors other than medical care play an important part in the rehabilitation of the injured, the most important being that of litigation. It is but natural that a person, having been injured, should seek recompense for injuries received, particularly when some disability persists. In the final adjudication, our courts and industrial accident boards attempt to make the financial award commensurate with the injury and the degree and permanency of the disability. This is quite proper, if the patient remains disabled after having received the best of medical care and the maximum benefit of all rehabilitation procedures.

Unfortunately, many disabled individuals coming before our tribunals have not had such care. Financial awards under these circumstances leave the individual with a sum of money which he spends and a disability which he keeps. All too frequently, such cases find themselves eventually upon the roles of public welfare.

With the advances made in medical science together with those made in physical and vocational rehabilitation it is questionable whether any injury, no matter how severe, can be considered as being truly totally and permanently disabling, provided the individual is given every opportunity and has the desire and fortitude to rehabilitate himself. In some instances patients will refuse to accept offers of physical and vocational rehabilitation, preferring to keep their disability until the award has been received, believing they can seek aid in rehabilitation themselves after they have received their maximum award. All too frequently they are aided and abetted in this attitude by members of the legal profession whose interest in the size of the financial settlement is not altogether altruistic.

Rehabilitation must be a continuous procedure from the day of accident to that of eventual restoration. The longer the delay in receiving restorative procedures, the poorer the result. Scar becomes more dense, muscles more atrophic and joints more stiffened. In delaying rehabilitation until an award has been obtained, so much time is consumed by the legalistic procedures that disabilities which could have been eliminated by proper treatment do, indeed, become permanent.

Litigation is Incompatible With Rehabilitation

There can be no doubt that the legal concept that every man has his right to his day in court has placed a premium upon disability or that such a concept has flooded our halls of justice with innumerable questionable claims or that the cost of the legal procedures and the eventual financial settlements or awards represent a major item in our economy. Some method must be found to eliminate these claims of dubious injury and disability, for only by so doing can the problems of the truly disabled be seen in their proper perspective. Litigation is one of the greatest barriers to rehabilitation and until it is reduced to a minimum the number of indigent disabled, already of alarming proportions, will continue to increase.

To afford adequate medical care, including physical and vocational rehabilitation to the injured worker there must be a radical change in the attitude and in the laws of our compensation systems based upon the principles of Rehabilitation of the Injured Worker and upon the Operating Principles for a Modern Workman's Compensation System as laid down by the American College of Surgeons.

The problem of rehabilitation of the injured is far more involved than can be discussed in this short time. The employment of the handicapped, including the prejudice of employers in hiring the handicapped or hiring those who have had a serious industrial accident, the penalty inflicted on employers who have hired a handicapped individual who has suffered another injury in their employ and the injustice created by union seniority rights, to union members disabled for their regular work serve to demonstrate the protean complexity of the overall problem.

It is time society took cognizance of the tremendous social and economic repercussions upon the patient, his family and the community created by trauma and disease. We, of medicine, must correct our deficiencies not only for the benefit of our patients but for ourselves for our vulnerability is well known to those socialistically minded individuals, who so critical of medicine, would impose their concept of medical care through legislative action.

Rupture of the Long Head of the Biceps Flexor Cubiti Muscle of the Right Upper Arm

WILLIAM M. HAYES, M. D

RUPTURE of the long head of the biceps flexor cubiti muscle is not a frequent occurrence. No surgeon ever sees many ruptures of the various muscles of the shoulder joint. Cases are overlooked and the patient treated for a sprain. In a rupture of the muscle there is considerable bleeding. In rupture of the tendon there is absolutely no bleeding or it is slight (upper extremity). The tumor mass is movable and is not associated with the skin. When the patient is healthy he feels a slight pain in the upper anterior portion of the arm and a sharp snap or crack when the tendon ruptures as felt in the patient described in the communication. It is noted when the biceps contracts the muscular mass hardens which is located on the top of the upper arm.

This muscular structure frequently ruptures from excessive muscular or passive strain and in the aged often fragments and wears out by attrition. It occurs in young healthy and robust men. Never have I heard of such an accident or its occurrence in a female. I have gone over the records of 235 cases plus the one reported by me.

Inquiries were made at both hospitals located here, Fort Hamilton and Mercy Hospitals, and no records were found of any such a case having been reported at either hospital. The writer served as intern resident, New Orleans, La., Charity Hospital from 1908 till 1910, and while there had the service of Professor Rudolph Matas, who was head of surgery at the Tulane College of Medicine, and never once did I hear him say anything upon this subject, nor did I know of anyone seeing such a case. At that time the hospital had 1235 beds in it.

Petit,[1] in 1722, was the first to report a case of rupture of a muscle, while Chamseru, 1781, was the first to write on the subject. Clemans,[2] stated that the injuries to this muscle are rare. His case was in a railroad worker, 50 years of age, an alcoholic who drank heavily. His muscle tore away from the upper part of the right arm and retracted to the midportion of the upper arm and stayed there. He refused operation. In reporting this case, photographs were made and illustrated the report.

Gilcreest,[3, 4, 5, 6, 7] reports on 16 cases, some of which were operated upon and others which were not. In checking over cases operated upon he claims a good result. Bunnell,[8] states he has done a number of cases with success. Steindler,[9] in his textbook states he has operated upon a number of cases of rupture of the middle third of the muscle, the upper extremity and the lower portion, where the muscle is attached to the radius. Thus far he is the only one reporting on the bilateral rupture of the biceps muscle. He reported a case in a man, aged 68 years, in 1942. This patient had a bilateral rupture of the biceps muscle. There was no history of trauma.

The Author

● **Dr. Hayes, Hamilton, is a member of the staffs of Fort Hamilton Hospital and Mercy Hospital.**

DeBakey[10] states he has had one case of rupture of the long head of the biceps muscle. He operated upon the patient successfully and he has fully recovered. Follow-up observation extending over three years shows maintenance of normal function.

Ochsner[11]: Reply was that he has never had a case of his own, but he enclosed a letter from Dr. Harry D. Morris who stated that he has had two cases in the past three years and that Dr. Attix has operated upon one man about eight weeks ago for the same condition. Both Dr. Morris and Dr. Attix are associated with Ochsner Clinic, New Orleans, La.

Anatomy

The anatomy of the biceps muscle is as follows: The biceps or biceps flexos cubiti (m. biceps brachii), is a long fusiform muscle, occupying the whole anterior surface of the arm, and divided above into two portions or heads—the short head from the apex of the coracoid process, the long head from the upper margin of the glenoid cavity. Each tendon is succeeded by an elongated muscle belly. The bellies can be separated from one another up to about three inches of the elbow joint. Here the end is a flattened tendon, which is inserted in the back part of the tuberosity of the radius.

Function

Actions: The biceps is a flexor of the forearm; it is also a powerful supinator, and serves to render the deep fascia of the forearm by means of the broad aponeurosis given off from its tendon.

Case Report

The patient, male, age 45, when the accident occurred. I originally saw him five years ago, on October 25th, 1952, at the office. His history was as follows: While moving some old material from the front yard at his home, he felt something give way and go down into his right upper arm on the anterior surface. He stopped his work and went into the house to see what was the trouble. He noticed a lump in the right arm on the anterior surface. He then went back into the yard and finished the job he was doing at the time of the accident and decided he would see a doctor the next day.

Physical Examination: The patient was asked to remove his upper clothing, strip down to the waist, and put himself in the direction as shown in the picture (Fig. 1). It was noted that the biceps muscle was on the top of the upper arm to a great extent; that is, the greater portion. When he brought his arm down everything was normal. It was finally shown that the long head of the biceps muscle had broken away from its attachment and had slipped down.

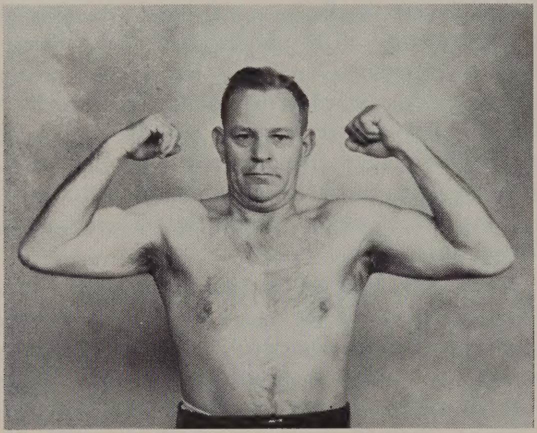

FIG. 1. Note the position of the biceps muscle when the upper extremity is flexed on the right.

It was explained to him that an operation, which was not extensive, would remedy the condition. He said he would go home and discuss it with his wife and let me know about the matter. He returned the next day, October 26th, 1952, and stated that he would let the thing stay as it was. He stated that it gave him no pain, was not disagreeable as far as he was concerned, and he would let the matter stay as it was.

Follow-Up: I saw this patient one year later and found the lesion as it was on the first examination. He said he felt all right and as things were they would remain. When I saw him again on November 16th, 1956, I asked him to let me have a picture of his arm as I wanted to report his case and he agreed.

Bibliography

1. Loose: Beitr. z. Klin. Chir., **29**:410, 1900.
2. Clemens, H.: Traumatische Hernie des M. Deltoideus, Deutsche med. Wchnschr., **39**:2197, 1913.
3. Gilcreest, Edgar L.: Rupture of Muscles and Tendons, Particularly Subcutaneous Rupture of Biceps Flexor Cubiti. J. A. M. A., **84**:1819-1822, 1925.
4. Gilcreest, Edgar L.: Two Cases of Spontaneous Rupture of the Long Head of the Biceps Cubiti. S. Clin. North America, **6**:539-554, 1926.
5. Gilcreest, Edgar L.: The Common Syndrome of Rupture, Dislocation and Elongation of the Long Head of the Biceps Brachii. Surg., Gynec. & Obst., **58**:322-339, 1934.
6. Gilcreest, Edgar L.: Dislocation and Elongation of the Long Head of the Biceps Brachii. Ann. Surg., **104**:118-138, 1936.
7. Gilcreest, Edgar L., and Albi, Piero.: Unusual Lesions of the Muscles and Tendons of the Shoulder Girth and Upper Arm. Surg.,Gynec. and Obst., **68**:903-917, 1939.
8. Bunnell, Sterling: Surgery of the Hand, ed. 1, Philadelphia, J. B. Lippincott, Co., 1944, pp. 430-431.
9. Steindler, Arthur: The Traumatic Deformities and Disabilities of the Upper Extremity, ed. 1, Springfield, Ill., Charles C. Thomas Publisher, 1946, pp. 191-199.
10. DeBakey, Michael E.: Personal communication.
11. Ochsner, Alton: Personal communication.

Threat to Cardiacs Posed By Bathroom Straining

Heart attack and death may result from bathroom straining by cardiac patients.

On the basis of thousands of patient observations, a research team reports that certain of the changes caused by straining are of sufficient intensity and duration to bring on an automatic cycle of extreme variations in blood pressure and circulation—known as the Valsalva maneuver—in from 12 to 58 per cent of cases.

The authors state: "Our data indicates that physiologic changes following straining may result in serious consequences and if tragic episodes are to be avoided, the immediate correction of constipation with medications such as Senokot® becomes of special importance to the patient with cardiovascular diseases.

"The marked elevations of the arterial blood pressure may constitute a serious problem to those with inelastic atherosed vessels unable to accommodate for these extremes in blood pressure variation," the researchers say. "The decrease in coronary circulation during the Valsalva and its consequent effects poses a specific threat to the patient predisposed to coronary disease."—*Angiology,* April 1958, pp. 99-111.

Atherosclerosis

Even within the scope of the experiments so widely reverenced, a fundamental omission exists. In applying the findings in animals to the problem in man there has been, for the most part, neglect of the observation that arterial occlusion, which may be a grave complication of atherosclerosis, almost never occurs in the animals in which atheromatosis has been induced. This provokes an important question as to whether or not benign atheromatosis of animals is the equivalent, in an etiologic way, to complicated atheromatosis of man. —Edgar V. Allen, M. D., Rochester, Minn.: *Minnesota Med.,* 41:236, April, 1958.

Ruptured Uterine Varix Complicating Pregnancy

(Report of Two Cases*)

R. R. MAIER, M. D.

AN entity which has received very little if any attention in the literature is the syndrome associated with the ruptured uterine varix complicating the gravid state. Two such cases have been observed on our service.

Case Reports

The first case, a 26 year old white female, Para I, gravida II, was admitted to the hospital at 6:10 p. m. March 27, 1950. Her prenatal course had been uneventful and her expected date of confinement was May 9, 1950. She gave a history of steady, severe uterine contractions and backache for approximately one hour. There was no nausea or vomiting.

Examination revealed no external vaginal bleeding and an intact bag of waters. Her blood pressure was 118/62. The uterus, the size of a 32 week gestation, appeared tense with no apparent relaxation between contractions. A fetal heart 136 per minute was audible in the left lower quadrant. Her hemoglobin was 65 per cent and she had 3.04 million red blood cell count.

A tentative diagnosis of premature separation of the placenta was made and by 7:50 p. m. under cyclopropane anesthesia, a caesarian section was undertaken. On opening the abdomen free blood was noted. Since the huge gravid uterus made exploration impossible, a low cervical caesarian section was done and a 3 pound female delivered.

Exploration then revealed on the posterior aspect of the uterus, near the junction of the right broad ligament at the level of the lower segment a large varix bleeding freely from a one-quarter inch rent. The latter was closed by two figure of eight sutures. The uterine wound and abdominal wall were then closed in the usual fashion. She was given a transfusion of 500 cc. of whole blood and her convalescence was uneventful.

The second case, a 43 year old white female, Para 0, gravida I, was admitted to the hospital at 5:30 p. m. on July 19, 1955. Her prenatal course had been uneventful and her expected date of confinement was August 26, 1955. She gave a story of severe abdominal pain of five and one-half hours' duration, no external vaginal bleeding and an intact bag of waters.

Examination revealed a blood pressure of 140/65, a hemoglobin of 12.3 grams, a hemtocrit of 37 and white blood cell count of 14,700. The abdomen was tender on palpation and the uterus exhibited a continuous tonicity. It gave the impression of being large, painful and irritable. A faint greenish discoloration suggestive of a Cullen sign was noted in the region of the umbilicus.

A tentative diagnosis of premature separation of the placenta was made and at 9:26 p. m. under spinal Pontocaine® the abdomen was opened. A considerable quantity of free blood and clots was immediately encountered, but no bleeding point could be located. The uterus was therefore emptied by a low cervical caesarian section delivering a 4 pound 4 ounce female. The placenta was quickly removed, the uterine wound closed and the pelvis explored.

A large varix on the posterior aspect of the lower uterine segment just above the right uterosacral ligament was found to be steadily oozing. The varix was ligated by means of two figure of eight sutures. The blood and clots were removed and closure of the abdomen effected in the usual fashion. The patient was given iron, antibiotics prophylactically and had a completely uneventful convalescence.

The Author

● Dr. Maier, Cleveland, is associate visiting obstetrician and gynecologist, Mt. Sinai Hospital, and Chief of Obstetrics and Gynecology, Forest City Hospital of Cleveland.

Discussion

Two instances of ruptured uterine varices at approximately the 32nd to 35th week of gestation have been reported. Neither case gave a history of external trauma. Both pictures were very similar with severe pain and tonic uteri so that in each case a preoperative diagnosis of premature separation of the placenta was entertained. Neither case showed evidence of shock and yet both showed considerable free blood in the abdominal cavity.

One can only postulate that the large gravid uterus may have exerted a tamponading effect so that the blood loss was only intermittent. In hindsight it is fortunate that the signs although simulating another entity were sufficiently acute to precipitate exploration and thus avoid considerably more blood loss and perhaps a less fortunate outcome.

The only clue to the true picture was the possible Cullen sign which was noted only in passing.

Acknowledgment is given to Dr. M. B. Laven for permission to present his case.

Diabetic Acidosis

Patients with acidosis of moderate severity will survive if treated by any of several methods, but those with increasingly severe acidosis seem to approach a point of irreversibility beyond which no amount of knowledge will bring successful results. As the severity of the acidosis approaches this point, the margin of error permitted the physician becomes less and less; and in severe acidosis the treatment must be adapted to the needs of the moment with a maximum of precision.—Clifford F. Gastineau, M. D., Rochester, Minn.: *J. M. A. Georgia,* 47:183, April, 1958.

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*From the Division of Obstetrics and Gynecology of Mt. Sinai Hospital of Cleveland.

Suppression Amblyopia

A Case Report on Preventable Blindness

WILLIAM H. HAVENER, M. D.

A BLIND EYE is a serious loss to both patient and community. Awareness of the preventable nature of a significant portion of this blindness should help in reducing the incidence of such tragedies. The representative cases to be presented here are selected to emphasize relatively common causes of blindness which can in many instances be averted by proper, timely care.

Case Report

At the age of 2 years, the left eye of this 7 year old girl was first noted to converge. The parents apparently did not realize the seriousness of the condition, and neglected their child for five years. Examination showed 20/20 vision right eye and ability only to count fingers left eye. The left eye was 20 degrees convergent, and central suppression was so marked that the child could not hold this eye straight even when the right eye was covered. In all other respects the left eye was perfectly normal, showing no defect of the retina, optic nerve, or other structures.

The diagnosis of suppression amblyopia was made. Because of the severity of visual loss and the age of the child it was evident that it was too late to restore vision in this eye. Recession-resection surgery was performed on the left eye with a cosmetically straight result.

Discussion

If the two eyes are not straight, conflicting images are sent to the brain and diplopia results. We have the ability, within limits, to suppress one of these conflicting images, and do so unconsciously whenever we look through a monocular microscope or an ophthalmoscope. This same suppression occurs in children with strabismus, but will often become severe and irreversible, especially if the same eye always deviates. Fully developed suppression amblyopia will reduce vision to 20/200 or less. Proper ophthalmological care can prevent this visual loss, or can usually restore vision if the child is seen early enough. Almost invariably by the age of 6 it is too late to restore vision to these children, who are doomed to go through life with only one good eye.

The frequency of suppression amblyopia is not realized by most physicians. One to 2 per cent of adults have vision of 20/200 or less in one eye due to suppression amblyopia! The great majority of these amblyopic eyes could have been prevented by early detection and treatment.

Two thirds of amblyopia is due to strabismus which may readily be detected by observation. One of the quickest ways of detecting gross deviations is to sight over a flashlight directed towards the patient's face. If the child is looking at the light, the brilliant corneal reflections will normally be perfectly symmetrical in the pupil on the two sides. Eccentric displacement of the reflection in one pupil indicates strabismus.

One third of suppression amblyopia is due to monocular error of refraction. The easiest way to detect this is by preschool vision screening with E charts. Vision can be adequately checked in most children by the age of 4 or 5 years. Testing of visual acuity should be incorporated in routine physical examination of preschool children, because it will detect suppression amblyopia in time to permit therapy (one of every 100 children through *your* office). Vision testing will also detect refractive errors, or any type of eye pathology causing reduction in vision.

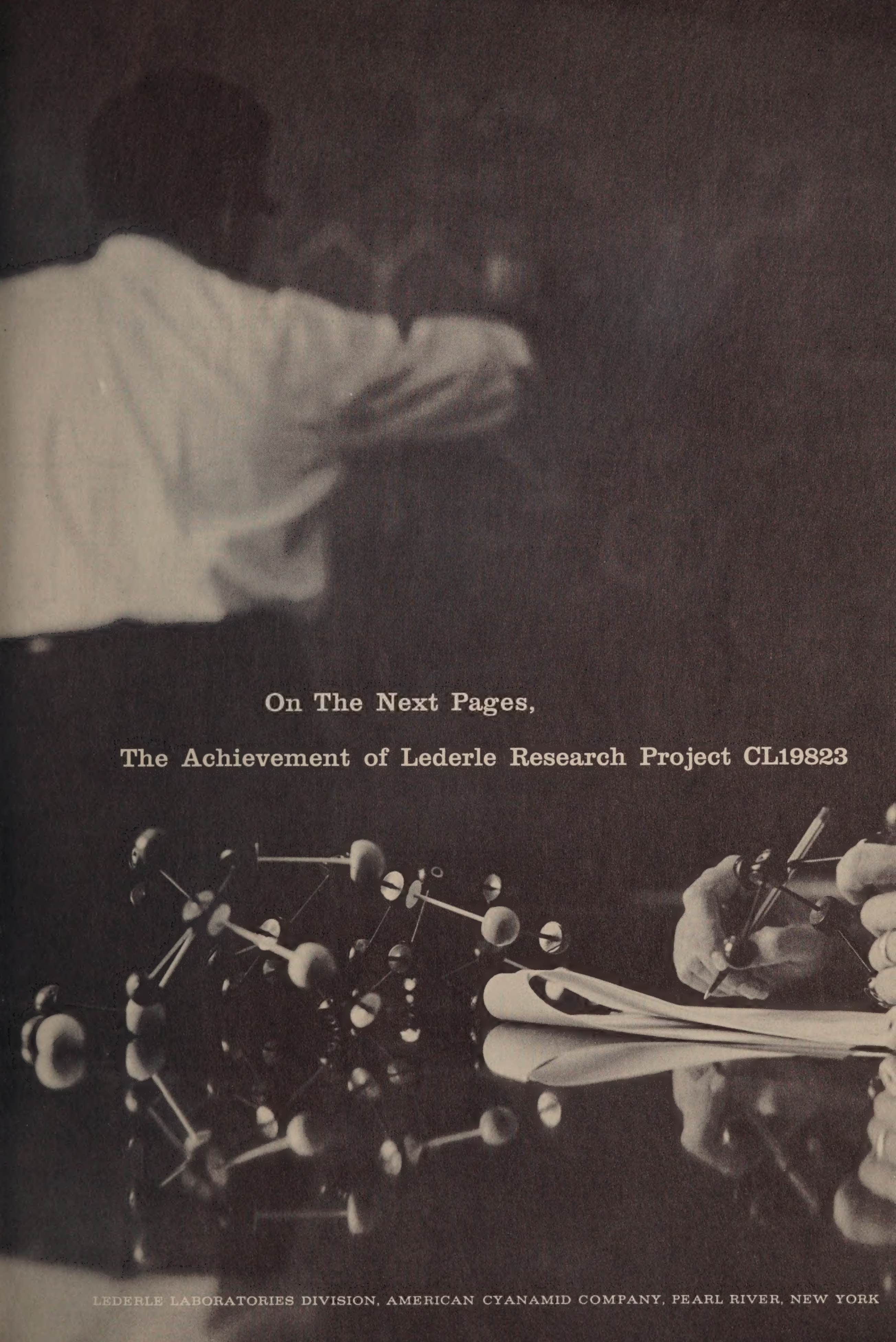
Any child with strabismus should be referred *promptly* to a physician skilled in eye care. (Optometrists are not prepared to manage these children.) Refraction, strabismus measurements, and orthoptic care, as well as careful ophthalmoscopic and other routine ophthalmologic studies are indicated. Not infrequently strabismus may be the first sign of serious intracranial or ocular disease. One of the most pernicious of old wive's tales runs thus, "Don't take the crosseyed child to the doctor —he will outgrow it and besides he's too young to be examined anyway." Such a belief destroyed irreversibly vision in the left eye of the little girl reported in this article.

The Author

● **Dr. Havener, Columbus, is on the attending staff at University Hospital, and Acting Chairman, Department of Ophthalmology, The Ohio State University College of Medicine.**

Bacterial Population

If the established bacterial population has been weakened, or if its internal equilibrium has recently been disturbed, the invader may be aided tremendously in its aggression.—H. K. Kersten, M. D., Fort Dodge: *J. Iowa M. Soc.,* 48:240, May, 1958.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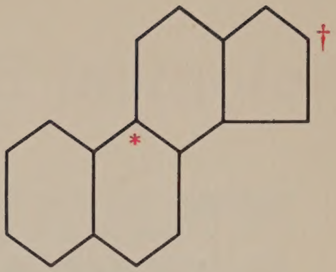

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  - No interference with psychic equilibrium
  - Low incidence of peptic ulcer and osteoporosis

Biological Effects of Aristocort

with particular emphasis on:

Kidney function

Animal studies on ARISTOCORT[1] have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.[1] Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12-day period on a dosage of 30 mg. per day.[2] Additional balance studies showed actual sodium loss when ARISTOCORT was given in doses of 12 mg. daily.[3] Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to ARISTOCORT.[4,5] In two studies of various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.[6,7]

Potassium and chlorides

There was no active excretion of potassium or chloride ions in animals given maintenance doses of ARISTOCORT 25 times that found to be clinically effective.[1] Potassium balance studies in humans[2,3] revealed that negative balance did not occur even with doses somewhat higher than those employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis treated for up to ten and one-half months.[6,7]

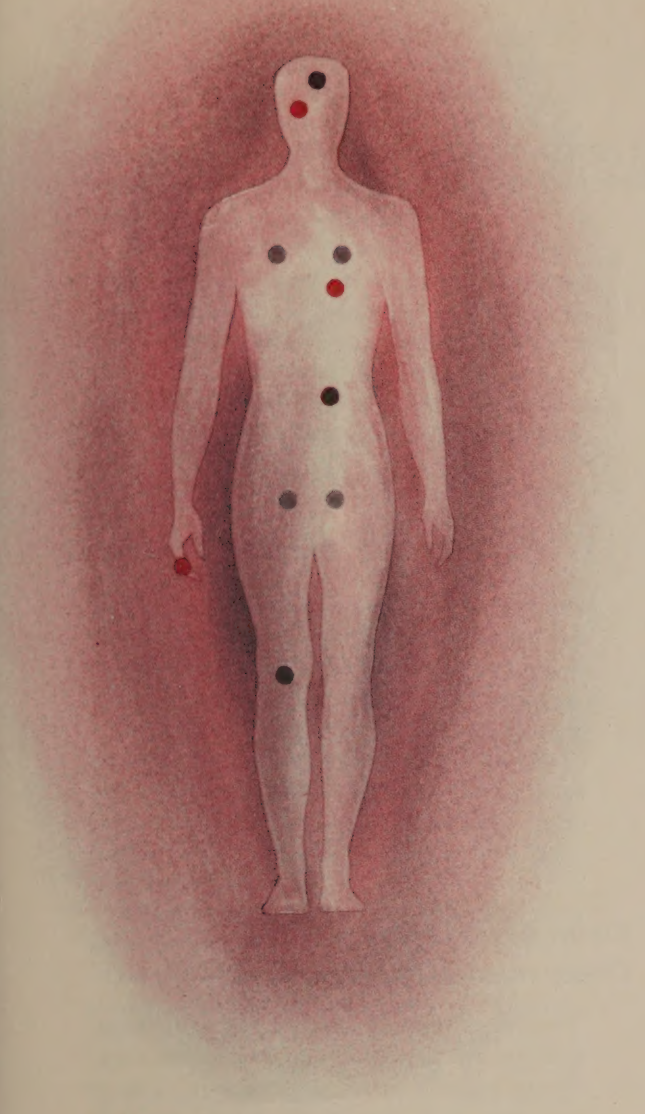
Calcium and phosphorus

Phosphate excretion in animals[1] was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies[3] demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only during a short period.

Protein and nitrogen balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.[3] At dosages two to three times normal levels, positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.[2,3]

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when ARISTOCORT was used in treating the nephrotic syndrome.[8]



Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to ameliorate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.[1]

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet[1] and cottonball[9] tests. It was found to be nine to 10 times more effective than hydrocortisone in this respect.

Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experimental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection.[10] Clinical studies[11] of patients on ARISTOCORT revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known.[12] The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. In general, it appears to maintain psychic equilibrium without producing cerebral stimulation or depression.

Bibliography

1. Experimental Therapeutics Section, Lederle Laboratories. To be published. 2. Bunim, J. J., Whedon, G., and Black, R. L.: Personal Communication. 3. Hellman, L., Zumoff, B., Schwartz, M. K., Gallagher, T. F., Berntsen, C. A., and Freyberg, R. H.: Antirheumatic and Metabolic Effects of a New Synthetic Steroid, paper quoted in Bull. Rheumat. Dis. 7: 130, 1957. 4. Spies, T. D.: South. M. J. 50: 216, (Feb.) 1957. 5. Freyberg, R. H.: Personal Communication. 6. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at the International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 7. Hartung, E. F.: To be published. 8. Hellman, L., Zumoff, B., Kretschmer, N. and Kramer, B.: Personal Communication. 9. Dorfman, R. I., and Dorfman, A. S.: Personal Communication. 10. Gray, S. J., Ramsey, C. G., Villarreal, R., and Krakauer, L. J.: Edited by H. Selye and G. Heuser in: Fifth Annual Report on Stress, 1955-56. M.D. Publications, Inc., New York, 1956, p. 138. 11. Dubois, E. L.: Personal Communication. 12. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics 19:95, 1957.

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The Promise of Aristocort in Reduction of Side Effects

It is axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer used.

It has also become well recognized that the most serious of the major side effects from long-term corticosteroid treatment are peptic ulcers, osteoporosis with fracture, drug psychosis and euphoria, and sodium and water retention leading often to general tissue edema and hypertension.

It is significant that of the close to 400 patients on the lower dosage schedules found effective in bronchial asthma and dermatologic conditions, only 1 case of peptic ulceration has developed. No other of the above side effects have been observed even though ARISTOCORT was administered continuously to them for periods as long as one year.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are reported below.

Peptic Ulcer

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (2 of the 3 occurred in patients transferred from prednisone). In the remaining 532 cases recently analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when he was changed from another steroid.

Osteoporosis and Compression Fractures

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is 0.33 per cent (1 case[1]). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

Euphoria and Psychosis

The euphoria so commonly produced by all previous corticosteroids has seemed a most desirable attribute to patients. In penalty, however, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,[2] and toxic syndromes producing even convulsions and death.[3]

Since the onset of these complications is not directly related to duration of steroid administration,[4] the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

Sodium Retention—Hypertension—Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema.[5] Sodium and water retention, hypokalemia or hyperkalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT.[1,6]

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated.[7,8] Except in rare instances, or when unusually high doses are used (e.g., leukemia), the problem of edema and hypertension caused by sodium and water retention, has been eliminated with ARISTOCORT.

Minor Side Effects

Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids.[1] These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described as occurring with corticosteroid therapy, e.g., headaches, lightheadedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on ARISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis,[9] 70 per cent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. A general recommendation can be made that ARISTOCORT be used in doses two-thirds that of prednisone or prednisolone in the treatment of rheumatoid arthritis. There are individual variations, however, and each patient should be carefully titrated to produce the desired amount of disease suppression.

Comparative studies, of patients changed from prednisone, indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),[5] and in inflammatory and allergic skin diseases (33-50 per cent).[10,11]

General Precautions and Contraindications

Administration of ARISTOCORT has resulted in lower incidence of major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

No precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

Since ARISTOCORT has less of the traditional side effects, the appearance of sodium and water retention, potassium depletion, or steroid hypertension cannot be used as signs of overdosage. As a rule patients will lose some weight during the first few days of treatment as a result of urinary output, but then the weight levels off.

Patients do not develop the abnormally voracious appetite common to previous corticosteroid administration. In fact, some patients experienced anorexia, and it is advisable to inform patients of this and to recommend they maintain a normal intake of food, with emphasis on liberal protein intake.

While precipitation of diabetes, peptic ulcer, osteoporosis, and psychosis can be expected to appear rarely from ARISTOCORT, they must be searched for periodically in patients on long-term steroid therapy.

Traditional precautions should be observed in gradually discontinuing therapy, in meeting the increased stress of operation, injury and shock, and in the development of intercurrent infection.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. *The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.*

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Bunim, J. J.: Bull. New York Acad. Med. 33:461, 1957. 3. Good, R. A., Vernier, R. L., and Smith, R. T.: Pediatrics *19*:95, 1957. 4. Goolker, P., and Schein, J.: Psychosom. Med. *15*:589, 1953. 5. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 6. Hartung, E. F.: Personal Communication. 7. Schroeder, H. A.: J.A.M.A. *162*:1362, 1956. 8. Thorn, G. W., Laidlaw, J. C., and Goldfein, A.: Ciba Found. Coll. on Endocrinology, J. & A. Churchill, Ltd., London, *8*:343, 1955. 9. Freeman, H., Bachrach, S., McGilpin, H. H., and Dorfman, R. I.: Personal Communication. 10. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A. *165*:1821, 1957. 11. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.

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The Promise of Aristocort in Rheumatoid Arthritis

ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

Significant is the fact that most patients were *severe* arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of collateral hormonal effects had made discontinuance desirable.

Results of treatment

Freyberg and associates[1] treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation in this study: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. *In six patients, the ulcers healed while on doses of ARISTOCORT sufficient to control arthritic symptoms.*

Hartung[2] treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

Dosage and course of therapy

The initial dosage range recommended is 14 to 20 mg. per day—depending on the severity and acuteness of signs and symptoms. Dosage is divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This dosage schedule should be continued for two or three days, or until all acute manifestations of the disease have subsided, whichever is later.

The maintenance level is arrived at by reduction of the total daily dosage in decrements of 2 mg. every three days. The range of maintenance therapy has been found to be from 2 mg. to 15 mg. per day—with only a very occasional patient requiring as much as 20 mg. per day. Patients requiring more than this should not be long continued on steroid therapy.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out the required activities of normal living or to obtain reasonable comfort. The maintenance dose of ARISTOCORT to achieve this end is arrived at while making full use of all other established methods of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957. 2. Hartung, E. F.: Paper presented at Florida Academy of General Practice, St. Petersburg, Florida, Nov. 2, 1957.

Lederle

The Promise of Aristocort in Respiratory Allergies

About 200 patients with respiratory allergies have been treated with ARISTOCORT *for continuous periods up to eight months.*

Results of treatment

Sherwood and Cooke[1, 2] gave ARISTOCORT to 42 patients with bronchial asthma and allergic rhinitis. Average dose needed to control the asthmatic group was approximately 6 mg. per day (range, 2 to 14 mg.). Results, which were called "good to excellent" in all but four, were achieved on one-third less than similarly effective doses of prednisone or prednisolone.

The investigators noted other major improvements in ARISTOCORT therapy over the older steroids. There was no increase in blood pressure in any patient: *on the contrary, in 12 patients, there was reduction of pressure when they were transferred to* ARISTOCORT. One patient had required auxiliary antihypertensive drug therapy; over a nine-week period on ARISTOCORT, the pressure gradually fell from 206/100 to 136/79. In another case, the pressure slowly dropped from 205/105 to 154/86.

The number of cases in which these investigators tried ARISTOCORT in allergic rhinitis was not large enough to provide significant averages. However, the range of effective therapy was from 2 to 6 mg. per day. These strikingly low daily doses resulted in control of all signs and symptoms.

Schwartz[3] treated 30 patients with chronic, intractable bronchial asthma. At an average daily dose of 7 mg., he reported "good to excellent" results in all but one. Spies,[4] Barach[5] and Segal,[6] reported similar results at average daily maintenance doses of 4 to 10 mg. of ARISTOCORT.

Dosage and course of therapy

The initial dosage range recommended is 8 to 14 mg. of ARISTOCORT daily. Although a rare, very severe case may require more than this on the first day of therapy, these dosages will usually result in prompt alleviation of dyspnea, wheezing and cyanosis. Patients are soon able to carry out a normal span of daily activity.

The maintenance level is arrived at by reduction of the total daily dose every three days in decrements of 2 mg.; in the over-all series, the average daily dose for bronchial asthma is approximately 8 to 10 mg. and for allergic rhinitis, 2 to 6 mg. per day. All total daily doses should be divided into four parts and given with meals and at bedtime. As in every condition where corticosteroids are employed, each patient's treatment should be individualized and the maintenance arrived at by careful titration against signs and symptoms of disease.

Patients with chronic bronchial asthma may require steroid therapy for several months. And since asthma may be associated with cardiac disease, especially in the older age groups, ARISTOCORT is particularly useful because of its ability to cause excretion of sodium and water.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Schwartz, E.: Personal Communication. 4. Spies, T. D.: Personal Communication. 5. Barach, A. L.: Personal Communication. 6. Segal, M. S.: Personal Communication.

Lederle

The Promise of Aristocort

in Nephrotic Syndrome

Fourteen patients with the nephrotic syndrome have been treated with ARISTOCORT *for continuous periods of up to six weeks.*

Results of treatment

Hellman and associates[1,2] noted that ARISTOCORT, because of its favorable electrolyte effects, may well be the most desirable steroid to date in treatment of the nephrotic syndrome. However, thus far its use has been reported in only 14 children, of whom 8 had a complete diuresis and disappearance of all abnormal chemical findings. Four of the patients had diuresis, but continued to show some abnormal chemical findings, while two patients with signs of chronic renal disease failed to respond.

Dosage and course of therapy

In order to produce maximal response, 20 mg. should be given daily until diuresis occurs. The dose should then be decreased gradually and maintained around 10 mg. a day. After the patient has been in remission for some time, it may be advisable to diminish the dose gradually and discontinue ARISTOCORT.

in Pulmonary Emphysema and Fibrosis

Eleven patients with pulmonary emphysema and/or fibrosis were treated with ARISTOCORT *for continuous periods of over two months.*

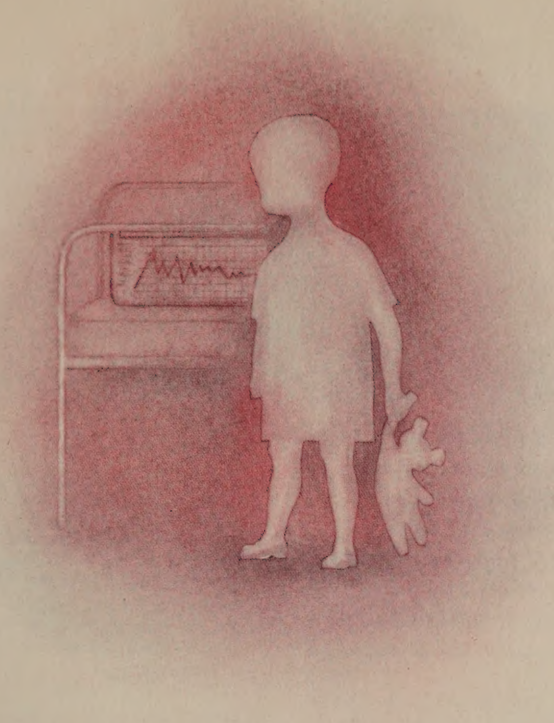
Results of treatment

Only small series of cases observed by Barach,[3] Segal,[4] and Cooke,[5] are available. Barach treated patients who were not adequately controlled by prednisone, with the same dose of ARISTOCORT with significant improvement.

Dosage and course of therapy

The initial suppressive dose range recommended is 10-14 mg. daily. Frequently, there is a prompt decrease in cyanosis and dyspnea, with increase in vital capacity.

The average maintenance dose level was 8 mg. a day. If it is desired to maintain a patient on continuous therapy for some months, dosages as low as 2 mg. a day have been successful. All decreases in dosage should be gradual and at a rate of 2 mg. decrements in total daily amount, every two to four days. The daily dosage is divided into four parts and given with meals and at bedtime.



in Neoplastic Diseases

Forty-four children and adults have been given ARISTOCORT *for palliative treatment of acute leukemia, chronic lymphatic leukemia, lymphosarcoma, lympholeukosarcoma and Hodgkin's disease.*

Results of treatment

Farber[6] has treated 22 children with acute leukemia for an average of three weeks. Of the 17 observed long enough to judge the efficacy of the medication, he rated five as excellent, three as good, two as fair and seven as poor responses.

Hellman and associates[7] gave ARISTOCORT to a group of patients with the various lymphomas in doses of 40 to 50 mg. a day—occasionally up to 100 milligrams. Treatment was continued in some cases for 17 weeks. Response was classified as good for the palliative purposes for which the drug was given.

Dosage and course of therapy

Massive initial suppressive doses of 40 to 50 mg. per day in children (1 mg./kg./day) and up to 100 mg. a day in adults have been administered.

Responses to any specific dosage in these conditions vary so widely that only a general dosage range can be indicated. Treatment must be individualized; rate of reduction in dosage and determination of maintenance levels cannot be categorized.

Miscellaneous

Patients with various other diseases have been treated by several clinical investigators. These include patients with osteoarthritis, acute bursitis, rheumatic fever, spondylitis, other "collagen-vascular" diseases (dermatomyositis, etc.), thrombocytopenic purpura, chronic eosinophilia, hemolytic anemia, diuretic-resistant congestive heart failures, and adrenogenital syndrome.

There have not been sufficient patients in any of the above categories to permit definitive treatment schedules to be finally established for ARISTOCORT. Additional studies are now in progress and physicians desiring information on any of these diseases are requested to write to Lederle Laboratories, Pearl River, New York for available data.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Presented at Nephrosis Conf., Bethesda, Md., Oct. 26, 1957. 2. Ibid: Personal Communication. 3. Barach, A. L: Personal Communication. 4. Segal, M. S.: Personal Communication. 5. Cooke, R. A.: Personal Communication. 6. Farber, S.: Personal Communication. 7. Hellman, L., Diamond, H. D., Ellison, R., Jaslowitz, B., Murphy, M. L., Tan, C. and Zumoff, B.: Personal Communication.

Lederle

he Promise of Aristocort

in Inflammatory and Allergic Skin Diseases

Over 200 patients with allergic and inflammatory skin diseases (including psoriasis, atopic dermatitis, exfoliative dermatitis, pemphigus, dermatitis herpetiformis, eczematoid dermatitis, contact dermatitis and angioneurotic edema) have been treated continuously with ARISTOCORT *for periods of up to eight months.*

Results of treatment

Rein and associates[1] treated 26 patients with severe dermatitis. Twenty-four had been on prednisone when changed to ARISTOCORT. While some had found satisfactory symptomatic relief, others had also developed side effects—moon face, buffalo hump, increased appetite with excessive weight increases and gastro-intestinal disturbances.

These investigators determined the equivalent dosage of ARISTOCORT to be approximately two-thirds that required to control symptoms on the previous corticosteroid. Thirteen of the 26, who had developed moon face, noted either an actual decrease or no further increase when transferred to ARISTOCORT. In addition: *Voracious appetites disappeared, with loss of weight in 11 patients; there was no elevation in blood pressure, and no necessity to restrict sodium or administer supplemental potassium.* Sherwood and Cooke,[2] and Shelley and Pillsbury[3] obtained similar results in allied disorders.

Hollander[4] first observed that ARISTOCORT appears to have striking affinity for the skin and great activity in controlling such diseases as psoriasis, for which other corticosteroids have been indifferently effective. Shelley and Pillsbury,[3] in 50 cases of acute extending psoriasis found that over 60 per cent were markedly improved.

Dosage and course of therapy

The recommended initial suppressive dose range is 14 to 20 mg. per day. In very severe cases, temporary dosages up to 32 mg. a day have been successfully employed. Once lesions are suppressed, gradually reduce dose to the maintenance level—which may be as low as 2 mg. per day.

Bibliography

1. Rein, C. R., Fleischmajer, R., and Rosenthal, A.: J.A.M.A., 165:1821, 1957. 2. Sherwood, H., and Cooke, R. A.: Personal Communication. 3. Shelley, W. B., and Pillsbury, D. M.: Personal Communication. 4. Hollander, J. L.: Discussion of Paper by Black, R. L., presented at International Congress on Rheumatic Diseases, Toronto, June 28, 1957.

in Disseminated Lupus Erythematosus

Forty patients with disseminated lupus erythematosus were treated with ARISTOCORT *for continuous periods of up to nine months.*

Results of treatment

Patients have responded very promisingly to therapy. Dubois[1] has had the largest single experience (28 cases) with ARISTOCORT in the treatment of this disease. He reported 25 of the 28 responded favorably.

Freyberg,[2] Hartung,[3] Hollander,[4] Spies,[5] and Segal,[6] each in smaller series of cases, reported similarly good therapeutic responses.

Dosage and course of therapy

The initial suppressive dose recommended is 20-30 mg. daily. Once the desired effect is achieved, the dose should be reduced gradually to maintenance levels (3 to 18 mg. per day).

In severely ill patients large doses may be required for several days in order to preserve life. Even on these large doses, edema and sodium retention have not occurred.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

Bibliography

1. Dubois, E. L.: Personal Communication. 2. Freyberg, R. H.: Personal Communication. 3. Hartung, E. F.: Personal Communication. 4. Hollander, J. L.: Personal Communication. 5. Spies, T. D.: Personal Communication. 6. Segal, M. S.: Personal Communication.

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MATERNAL HEALTH IN OHIO

TOPIC THIS MONTH:

Maternal Deaths* Involving Ectopic Pregnancy

Case No. 30

This patient was a 40 year old, white gravida III, Para II, who died undelivered. Her past history was not remarkable; there were two previous term pregnancies delivered without complication. The last menstrual period was April 1, and was a few days late; heavy flow 3 to 4 days. At 9 a. m. on April 10 she was seen by her physician at home, complaining of nausea, pain in her lower left abdomen and diarrhea with rectal tenesmus. She had eaten before retiring the night before and was unable to sleep because of "indigestion." (There was a prevalence of "virus diarrhea" at the time.)

On examination patient was acutely ill with "general abdominal soreness." Temperature was normal, blood pressure 100/60. (No other examination reported.) The physician's impression was "acute gastroenteritis" and the patient was given a sedative and was advised to call back in four hours. In four hours the patient was dead, at home. An autopsy was performed.

Pathological Diagnosis: Ruptured ectopic pregnancy, right; massive internal hemorrhage.

Comment

Several points of question came from the Committee as it studied this case: What was the pulse rate, the result of abdominal examination, and vaginal or rectal examination, and was the previous (March) period normal? Although the patient was reported to appear "acutely ill," cold, moist clammy skin and apprehensive sensorium are not reported! The fact that a prevalence of common diarrhea and "virus" diseases can easily mislead the physician into a diagnostic error, is clearly demonstrated.

The Committee voted this case a preventable maternal death.

Case No. 103

This patient was a 41 year old, white gravida IV, Para III, who died undelivered. Nothing is known of her past history or the past pregnancies—it is believed she had two deliveries at term. The dates of her last several menstrual periods are not known. She lived in a rural area and it is not known that a physician was called to see her. She died at home on November 2. The coroner performed the autopsy.

Pathological Diagnosis: Exsanguination, abdominal hemorrhage; ruptured ectopic pregnancy (interstitial, approximately 14 weeks). The pathologist's report further explained the male fetus was delivered from the abdominal cavity, was attached to the umbilical cord, and it measured 8 cm. (crown-breech) or 11 cm. (total length). The fetus was in a sac, placenta was free. The uterus measured 12 by 7 by 5 cm. and laceration at the right upper pole, inside of which was a cavity measuring 5 by 6 cm., the wall of which contained placental fragments and clots.

Comment

This rather uncommon variety of ectopic pregnancy (3 to 4 per cent of the cases) provides a tremendous challenge in prompt, accurate diagnosis (before rupture) for even the expert! The Committee felt hampered again in assessing responsibility, since the available information indicates that no physician was given an opportunity to make a diagnosis before death. From available data, this case was voted a preventable maternal death, (P_1 patient responsibility).

Case No. 222

The patient was a 27 year old, colored, Para II, gravida (?), who died undelivered. She was first seen in the emergency room of first hospital November 30 at 10:55 a. m. with last menstrual period normal, two to three weeks before examination. At 9:00 a. m. on that day, following breakfast she developed abdominal pain and vomited three times. There had been no bowel movement for two days. One year previously she had experienced a similar attack. No other past medical or obstetrical history was obtained. Temperature was not recorded; blood pressure 130/70; pulse 100 per minute. Examination was said to have revealed no positive abdominal signs, although the examiner found the patient "difficult to examine." No pelvic or rectal examination or blood work was recorded.

A tentative diagnosis of "gastroenteritis" was made and the patient was given atropine gr. 1/150 and phenobarbital gr. 1 and directed to go home to bed and return if her symptoms persisted. At 4:00 p. m. that day a baby sitter did not like the manner of the patient's breathing, notified a hospital and the patient was sent by police

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*A continuous state-wide Maternal Mortality Study is being conducted in Ohio by the Committee on Maternal Health of the Ohio State Medical Association, in cooperation with the Ohio Department of Health, and assisted by official representatives of the various County Medical Societies of the state. Since work of the Committee is educational as well as statistical, summaries of some of the cases studied by the Committee, based on anonymous data submitted, are published in *The Ohio State Medical Journal* from time to time. Each presentation is brief but informative. It contains opinions of the Committee, based on the data submitted for review.

ambulance to the emergency room, where she was pronounced dead on arrival, 4:45 p. m. November 30. An autopsy was performed.

Pathological Diagnosis: (Coroner's report)—Ruptured ectopic pregnancy (tubal); old pelvic inflammatory disease; chronic cervicitis; fibrous metasplasia of breasts.

Comment

The Committee was hampered in complete evaluation of the case by a lack of information on the history, physical findings and no effort to report any simple laboratory studies and their results. The general appearance of the patient, viz. "obese," "thin," "comfortable," "in shock," etc., are considered important elementary observations, and are of great assistance in the review of a case; these were not reported. Although the patient's temperature was not reported, a rapid pulse (100 per minute) should provoke suspicion of some vascular or cardiac pathology, provided it remains rapid in several examinations over a quarter of an hour or so. The Committee voted this case a preventable maternal death.

Comment of Consultant

The following comment of a consultant who is a specialist in Obstetrics and Gynecology was given at the request of the Committee.

Death from obstetrical hemorrhage is still one of the major causes of maternal mortality in the United States; hemorrhage from ectopic pregnancy causes approximately one fourth to one fifth of all maternal deaths due to hemorrhage.

It does appear that the main factors causing delay in treatment of extrauterine pregnancy are principally (1) overlooking the primary diagnosis, and (2) hesitancy in instituting treatment in doubtful cases.

In **Cases No.** 33 and **No. 222** the diagnosis of extrauterine pregnancy apparently was not suspected by attending physicians. The information on **Case No. 103** is too scanty for comment, except that it is possible that a physician could have prevented the tragedy if he had been consulted.

A carefully taken history in cases of suspected ectopic pregnancy is by far the most important diagnostic aid in our armamentarium. It is important to consider any woman of childbearing age as having a possible ectopic pregnancy whenever she complains of irregular vaginal bleeding and abdominal pain. No single sign, with the exception of pain, is present in any great number of cases. Acute tenderness on manipulation of the cervix is a common finding in ruptured ectopic pregnancy. A rapid decrease on repeated counts of hemoglobin is a valuable finding, as is an anemia more severe than can be reasonably accounted for by the history of external blood loss. Leukocyte counts show a great variation in ruptured ectopic pregnancy and temperature elevation of 100°-101° are seen in approximately one third of ectopic pregnancies. It is important to realize that the biologic test for pregnancy on urine is *negative* in about one third of extrauterine pregnancies.

We are convinced that the routine use of colpopuncture or posterior colpotomy for old clotted blood in the abdominal cavity will materially reduce the serious delays in diagnosis and treatment of this very serious condition. The aspiration of clotted blood makes a laparotomy mandatory in order to locate and remove the *source* of the intraabdominal bleeding.

There can be little doubt that if an ectopic pregnancy could be diagnosed when the symptoms appear and be promptly operated upon, the mortality would be slightly greater than that for other uncomplicated surgery of the abdominal cavity.

Relative Value of Different Thyroid Tests

I would use the various tests, there is a place for each one of them. I would make use of basal metabolic reading, and I would think one could make use of basal metabolic readings better in the office than in the hospital. . . . In the quiet of one's own office with one's own technician, the patient may come in early in the morning and relax for a half hour. I think one gets a better reading there. I am convinced that I do in my own office. The BMR is not a difficult test and I think with the newer technics and newer machinery, I should say, it is not uncomfortable for the patient to take a BMR.

The cholesterols—yes. All are sensitive of cholesterol today, so it is a good idea to take that routinely and for different reasons. The iodine uptake test is becoming more usable in that one now can secure the I^{131} easier than formerly and does not have to go to special hospitals in order to have it done. I hope it will be more extensively used because certainly there are instances in which it can be of definite diagnostic differential benefit. The serum iodine determination is expensive today because of the difficulty of the technic, the time it takes a technician to run it, and certainly in private offices it would be a most difficult procedure to attempt. At certain centers, such as the medical schools, one could have them run, but, as I have said, it is an expensive procedure and I really believe that unless one is completely befuddled concerning his diagnosis, for the time being one could get along without it.—Edward H. Hashinger, M. D., Kansas City: *Missouri Med.,* 55:471, May, 1958.

A Clinicopathological Conference

Edited Under the Auspices of the Ohio Society of Pathologists

WILLIAM SINCLAIR, M. D., *President*

Presented by

- **Joseph M. Ryan, M. D., Columbus, and**
- **Emmerich von Haam, M. D., Columbus.**

Edited by Dr. von Haam.

Presentation of Case

THIS 77 year old white female had been apparently in good health until five months prior to admission to the University Hospital, Columbus, when she developed weakness, dyspnea, ankle edema and orthopnea. She was hospitalized and treated with digitalis, mercurial diuretics and a low-salt diet. The response to this therapy was good and she was discharged after 10 days. After an unspecified time she developed a widespread pruritic rash and all medication except digitalis was discontinued. Slowly her dyspnea and ankle edema returned.

She developed ulcers of her legs and was again hospitalized. Her digitalis was continued in amounts of 0.1 Gm. per day, and she also received vitamins and later streptomycin and Terramycin® for a B. coli urinary infection. While she was in the hospital her nonprotein nitrogen slowly rose, her pyuria persisted, she became confused and disoriented and developed small bilateral pleural effusions. Two weeks prior to her admission to University Hospital she received 1 unit of blood for hypochromic anemia.

Previous Illnesses: She had jaundice many years ago which disappeared without sequelae. She fractured her left hip in 1956. There was no history of rheumatic fever, scarlet fever, gallbladder, renal or skin disease previous to her present illness.

Physical Examination

The patient was a somewhat pale, thin, slightly disoriented white female who was unable to give a reliable history and appeared moderately agitated. She showed healing excoriations of her skin over many areas. Her temperature was 98° F.; her pulse was of rather poor volume and showed an irregular irregularity; her respirations were 25 and her blood pressure was 140 over 90. The neck veins were not distended. She showed 1 to 2 plus pitting edema from both ankles to her thighs and had stasis ulcers over the inner aspects of both lower legs. Her chest showed an increased postero-anterior diameter and moist crackling rales were audible over the base of the left lung.

Examination of the heart revealed the heart beat in the left anterior axillary line in the fifth interspace. A harsh grade 4 systolic murmur was heard, loudest over the apex, along the left sternal edge and the aortic area, radiating into the neck and left axilla; it was accompanied by a systolic thrill, and the second heart sound was absent over the aortic area; no diastolic murmurs were audible. Examination of the abdomen, and all neurological tests were unremarkable.

Laboratory Findings

Her admission blood count was: red blood cells 5.75 million with 7.2 per cent reticulocytes; hemoglobin 12 Gm.; white blood cells 11,000 with 70 per cent polymorphonuclears, 20 per cent lymphocytes, 10 per cent monocytes; platelets 598,000. Her sedimentation rate was 0.1 ml. per minute; the hematocrit was 42 per cent. Examination of her urine showed a specific gravity of 1.015, a *p*H of 5, 30 mg. of protein and many white blood cells and 8 to 12 red blood cells per high power field; E. coli, Klebsiella and enterococci were grown on culture. Her blood urea nitrogen was 73 mg., her blood sugar 124 mg., the CO_2 combining power 62 vol.; the serum sodium was 146 mEq., the serum potassium 5.8 mEq., and the serum chlorides 107 mEq. The van den Bergh was 2.7 mg. direct and 4.3 mg. indirect; the thymol turbidity test was 50 mg. Serology was normal. No pathogens were isolated from her feces.

Roentgenographic Findings

X-ray examination of her chest on the second day of her hospital stay showed an enlarged heart, an increased vascularity of her lungs with suggestion of small costophrenic angle effusions, and the aortic shadow appeared widened.

Hospital Course

The patient's temperature remained normal throughout her stay in the hospital. She was incontinent the entire time and appeared confused at times though fairly lucid at other times. She received streptomycin for the first three hospital days; tetracycline on the second and third days; Diamox®, 250 mg. daily, for the terminal four days, and digitalis on the second and last hospital days. An intravenous injection of Mercuhydrin® was given on the fifth day. Her condition showed no essential change while she was in the hospital, though her blood urea nitrogen dropped to 54 mg. by the fifth hospital day. She died quietly during sleep at 1 a.m. on the eighth hospital day.

Clinical Discussion

Dr. Ryan: This 77 year old woman began to have symptoms five months before she was admitted and died on the eighth hospital day. This represents an important clinical aspect of this case because it means that she suffered from a progressive illness that never let loose of her. To me it seems a pretty clear-cut case of heart failure. She developed weakness, which is a classical symptom of heart failure, dyspnea, ankle edema and orthopnea which responded well to treatment for congestive failure. Slowly her symptoms returned and she developed varicose leg ulcers and some renal infection.

Her nonprotein nitrogen rose slowly and she became confused. It seems to me here again that we are dealing with an individual who is sliding into heart failure once more. Certainly I attribute her bilateral pleural effusions to this. Cardiac failure also can explain her rising blood urea nitrogen, and when you add cardiac failure to 77 year old cerebral vessels I believe one could become disoriented and confused on this basis. Pallor is frequently observed in persons with an inadequate circulation because the peripheral circulation shuts down in an effort to keep the blood moving to the parts that need it most, such as the brain or the heart.

Her blood pressure does not quite agree with her poor volume pulse, and one wonders how reliable in a patient with irregular irregularity the blood pressure is, because the systolic as well as the diastolic pressure varies greatly in atrial fibrillation. The ulcers could well be stasis ulcers, which are not at all uncommon in patients with congestive failure. She evidently had a big heart, which would go along well with congestive heart failure. The various murmurs I think have an important bearing on what we will find on postmortem examination of this heart.

I was surprised that her liver was not a little enlarged, I certainly would expect it. The next important things were the urinary findings which suggest an acute urinary tract infection. Still there are other things, like vulvitis, that can contaminate the urine of a female of her age. We see no evidence of diabetes, and her serum electrolytes were normal except for a slight elevation of potassium. I am somewhat puzzled by her liver function tests, which suggest some type of liver damage. A chest film confirmed her large heart. I wonder if Dr. Elson would care to say a few words?

Dr. Elson: Her heart was big and dilated, and you could see vascular congestion of both lungs. These findings are compatible with a heart in congestive failure, and that is about all we can say.

Dr. Ryan: Dr. Elson is to be complimented in not trying to pinpoint definitive chamber enlargement too closely in the face of frank congestive failure, because all chambers produce big shadows when you have congestive heart failure. The heart is much fuller of blood than it was before it failed.

Heart Disease

We know therefore that this patient had heart disease because she had the most reliable sign of heart disease that we can have: a big heart with evidence of congestive failure. Now the question comes up of what kind of heart disease she had. First let's consider what kind of heart disease you could encounter in a 77 year old female. First, one will think of arteriosclerotic heart disease because of her age, but age alone is not a sound enough basis for such a diagnosis. Certainly many people dying of other causes at 77 have some coronary disease but not severe enough to cause any cardiac dysfunction. We don't know what the electrocardiogram showed, but we have no history of anything suggesting angina pectoris or myocardial infarction, and we don't think she had diabetes.

Next, somebody might wonder about hypertensive heart disease. Her blood pressure was not elevated, although we know that this may drop in the face of cardiac failure in a hypertensive individual to rather normotensive levels. But an individual who has hypertension significant enough to cause him to die of hypertensive heart disease does not live to reach 77. It is not an infallible rule, but patients usually die before they reach this age. My suggestion is that this woman had rheumatic heart disease with aortic stenosis. The lesion is more common in men, I will admit, but this does not mean that she cannot have rheumatic heart disease with arotic stenosis, in which I include the calcific aortic stenosis of the aged. I believe that aortic stenosis is invariably due to previous rheumatic infection and I don't believe that arteriosclerosis can produce this lesion.

What is our evidence for aortic stenosis in this patient? Her big heart and this loud systolic

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*Ford, R.V., and Moyer, J.H.: Rauwolfia Toxicity in the Treatment of Hypertension, Postgrad. Med. *23*:41 (Jan.) 1958.

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murmur over the apex accompanied by a systolic thrill over the aortic area. In addition the second aortic sound was absent, her pulse was of small volume, and her congestive failure developed pretty rapidly. Once these patients with aortic stenosis start to fail, they fail pretty fast. This is in contrast to the individuals with mitral stenosis, who may have numerous bouts of heart failure and keep restoring to a reasonable state of compensation before they ultimately die.

The only other kind of heart disease that one would be justified in considering, only to dismiss it in view of the physical findings, would be what I would like to call senescent heart disease. This occurs in old persons who go into heart failure without angina, infarction or hypertension. I admit this is just anther way of saying that I don't know what kind of heart disease the old person has, but I don't believe it is identical with arteriosclerotic heart disease. On the other hand, this could not explain all the murmurs that we have here and therefore I mention it only to dismiss it.

Blood in Urine

Now what else did this patient have? We are almost forced to make the diagnosis of pyelonephritis with all the pus and blood in the urine, but we can only speculate as to its etiological background. How can we explain her subclinical jaundice? One may think that she developed a subacute bacterial endocarditis with a hemolytic type of organism, which is a little hard to believe in the face of a 5.7 million red cell count. We do know that people with longstanding congestive failure with engorged livers have mild liver dysfunction with mild icterus and mild elevations of serum bilirubin, and I think that that's the way we have to explain it because we have nothing else to go on.

If we are searching for a "sleeper," we should think of bacterial endocarditis. What facts speak against such a diagnosis? Well, we have no embolic phenomenon, no anemia, and it is very unusual to find atrial fibrillation in the face of acute bacterial endocarditis. Also it is very uncommon to find subacute bacterial endocarditis in an individual who already is in heart failure.

So in summarizing I would say that this woman had rheumatic heart disease with calcific aortic stenosis. We don't have any evidence of any other valves involved, although as you know, isolated aortic involvement is not too common. I think she had frank congestive heart failure with liver engorgement and mild jaundice, and I think she had acute and chronic pyelonephritis and died from a combination of lots of things: Heart failure, hypostatic pneumonia and renal insufficiency on a pyelonephritic basis aggravated by cardiac failure. I must say I am at a loss to explain 5.7 million red cells and 7 per cent reticulocyte response. I think her jaundice may well have been on the basis of liver engorgement. As a possible "sleeper" I might mention subacute bacterial endocarditis but without the typical picture.

General Clinical Discussion

QUESTION: Dr. Ryan is the thymol turbidity test elevated that much in liver insufficiency caused by passive congestion?

DR. RYAN: I think so, at times.

QUESTION: Can anoxia produce the reticulocyte response?

DR. RYAN: Well I don't think so. If you measure atrial oxygen saturation in individuals with congestive failure, it is low normal or just slightly reduced.

QUESTION: Do rheumatics usually wait this long to get into difficulty with their chronic valvular heart disease?

DR. RYAN: There are some who still believe that aortic stenosis at this age may be due to arteriosclerosis. I don't think the evidence is very convincing and I don't think there is any reason that these people can't have had rheumatic fever in the past.

Clinical Diagnosis

1. Rheumatic heart disease with calcific aortic stenosis and congestive failure.
2. Chronic passive congestion of the liver with jaundice.
3. Chronic pyelonephritis.

Pathological Diagnosis

1. Myocardial infarctions, old and recent.
2. Rheumatic heart disease, inactive.
   (a) Calcific aortic stenosis.
   (b) Calcified mitral valve.
3. Pulmonary embolus, multiple.
   (a) Hemorrhagic infarction of the lung.
4. Chronic pyelonephritis.

Pathological Discussion

DR. VON HAAM: Dr. Ryan must be congratulated for his firm stand and for the sound arguments in his clinical discussion. The body was not jaundiced, was slightly cyanotic, and both extremities were edematous and showed extensive superficial ulcerations over both tibias. The patient had a hydrothorax with about 600 cc. of fluid in each side.

The heart was enlarged and weighed 550 grams. The right auricular appendage appeared almost completely obliterated by a fresh thrombus. The leaflets of the mitral valve were thickened and shortened and the ostium appeared partly stenosed by calcium deposits around the margin. The aortic valve was stenosed to such degree that not even a fingertip could be passed through the ostium. The cusps appeared fixed and completely calcified. The myocardium showed a circumscribed whitish scar in the septum and smaller areas of yellow mottling. The coronaries were sclerosed but no occlusion of the lumen could be demonstrated.

The lungs were slightly edematous and the right lower lobe contained a small recent infarct. The liver showed the typical gross appearance of chronic passive congestion of some standing. The kidneys were slightly granular and contained deep, pitted scars characteristic of chronic pyelonephritis.

Microscopic Examination

Sections of the heart valves showed changes compatible with healed rheumatic heart disease with calcium deposits in the aortic cusps and mitral leaflets. Sections through the myocardium showed also the perivascular scars observed in healed rheumatic myocarditis. In addition to these changes, rather severe scar tissue could be observed typical of a healed infarct, and recent areas of necrosis as observed in fresh or progressive myocardial infarction. Some of these lesions extended to the endocardium and were covered by the previously described mural thrombus.

Sections through the lung showed extensive and large accumulations of heart failure cells and marked thickening of the medium-sized pulmonary vessels. The liver in addition to chronic passive congestion showed fatty changes and evidence of malnutrition with vitamin deficiency. Sections of the kidneys showed a chronic, mildly active pyelonephritis.

In summary then we can state that the patient indeed suffered from the sequelae of severe rheumatic heart disease with calcific aortic stenosis and less severe mitral valve involvement. In addition to this condition she suffered from arteriosclerotic heart disease which produced mural thrombi and myocardial necrosis. This condition was overshadowed clinically by the physical signs of her valvular lesion, but it was quite progressive and probably represented the true cause for her rather rapid congestive failure. The patient's polycythemia, which Dr. Ryan was puzzled about, can probably be explained on the basis of pulmonary hypertension which was at least partially caused by her mitral valve lesion.

General Discussion

DR. RYAN: Lesions simulating coronary artery disease are not at all uncommon in aortic stenosis with severe left ventricular hypertrophy. If one has minimal coronary disease and then adds on top of it a big, thick left ventricle and aortic stenosis, we may get those myocardial infarcts without coronary occlusion such as in this patient. Here then the aortic stenosis might still be the main culprit in the whole problem.

DR. VON HAAM: Can a severe aortic stenosis with moderate mitral valve insufficiency produce pulmonary hypertension?

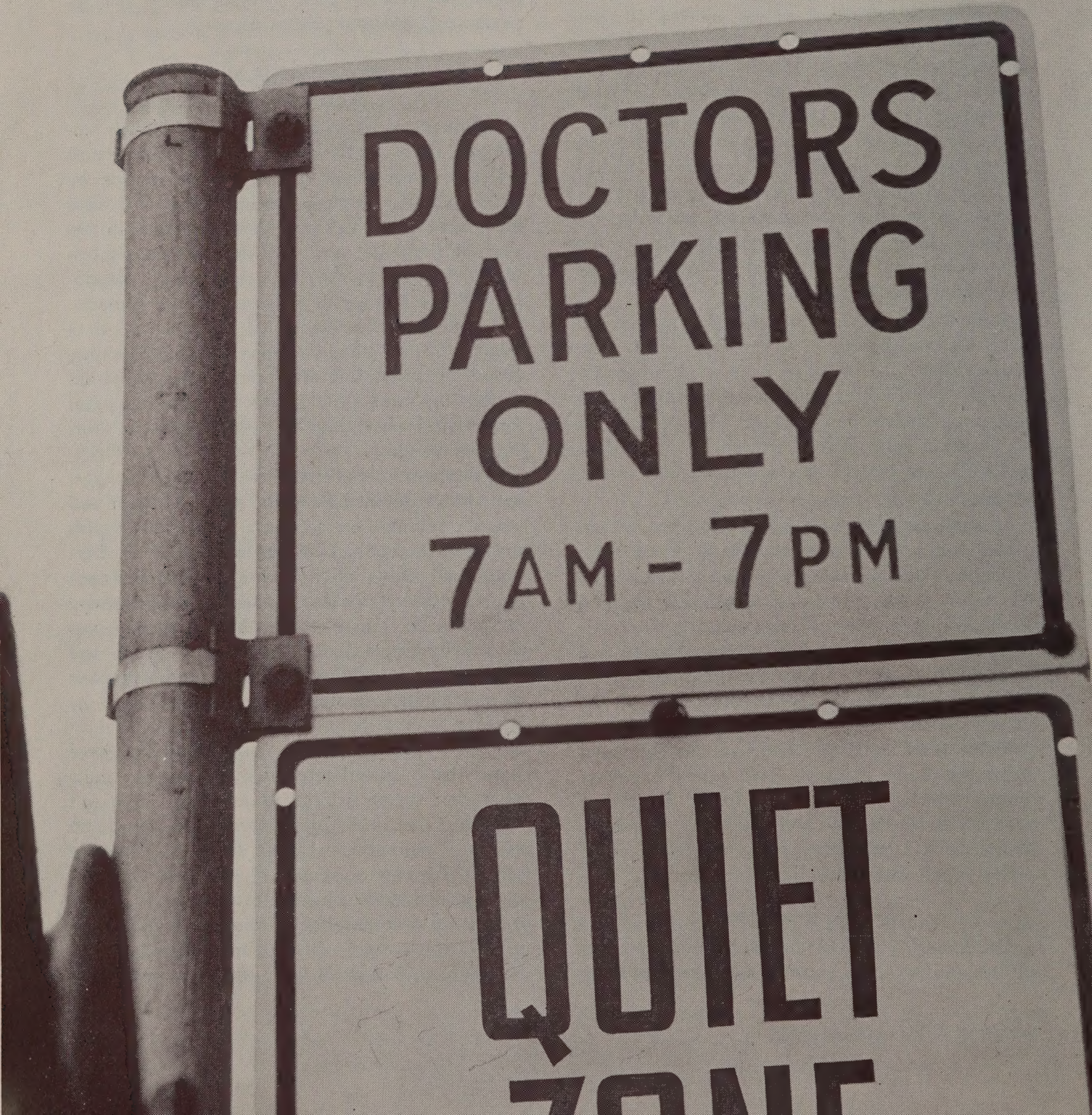
DR. RYAN: No. I think patients usually develop heart failure before pulmonary hypertension can be established. In this case the patient must probably have had a more severe functional stenosis of her mitral ostium than we presumed from the autopsy. A significant factor in heart failure is not the rising diastolic pressure but the decrease in cardiac output which always precedes the appearance of elevated venous pressure.

Periarteritis and Hypertension

Although periarteritis nodosa is a relatively uncommon disease, it has aroused considerable interest and controversy since its original description by Kussmaul and Maier in 1852. Since that time more than 750 cases have been reported in the medical literature, and they have continually attracted widespread interest in the clinical, morphological, and therapeutic problems of this disorder. The increasing incidence of periarteritis as a sequel to the administration of sulfanilamides, serum, penicillin, and other chemotherapeutics has further indicated the need for increasing medical knowledge concerning the pathogenesis of this vascular disease.

Hypertension, hypersensitivity, kidney damage, and various hormonal factors, such as DOCA and anterior pituitary extract, have been cited to play a role in the etiology of periarteritis. Rich, Germuth, and Hawn and Jawneway have emphasized hypersensitivity as a factor in pathogenesis; Selye et al. and Perry have stressed hormonal influences in the development of periarteritis; Smith and Zeek, Wilson and Pickering, and Goldblatt have considered hypertension as most important in its etiology.

Wilson and Pickering and Goldblatt have stated that a critical level of blood pressure must be reached for periarteritis to develop. Smith and Zeek feel that if the blood pressure is below 200 mm. Hg., periarteritis will not develop. They also state, "There are no reports of periarteritis nodosa in animals whose blood pressures were proven normal or whose kidneys were proven free of pathologic change."—Ben D. McCallister, M. D., Honolulu: *J. Kansas M. Soc.,* 59:141, April, 1958.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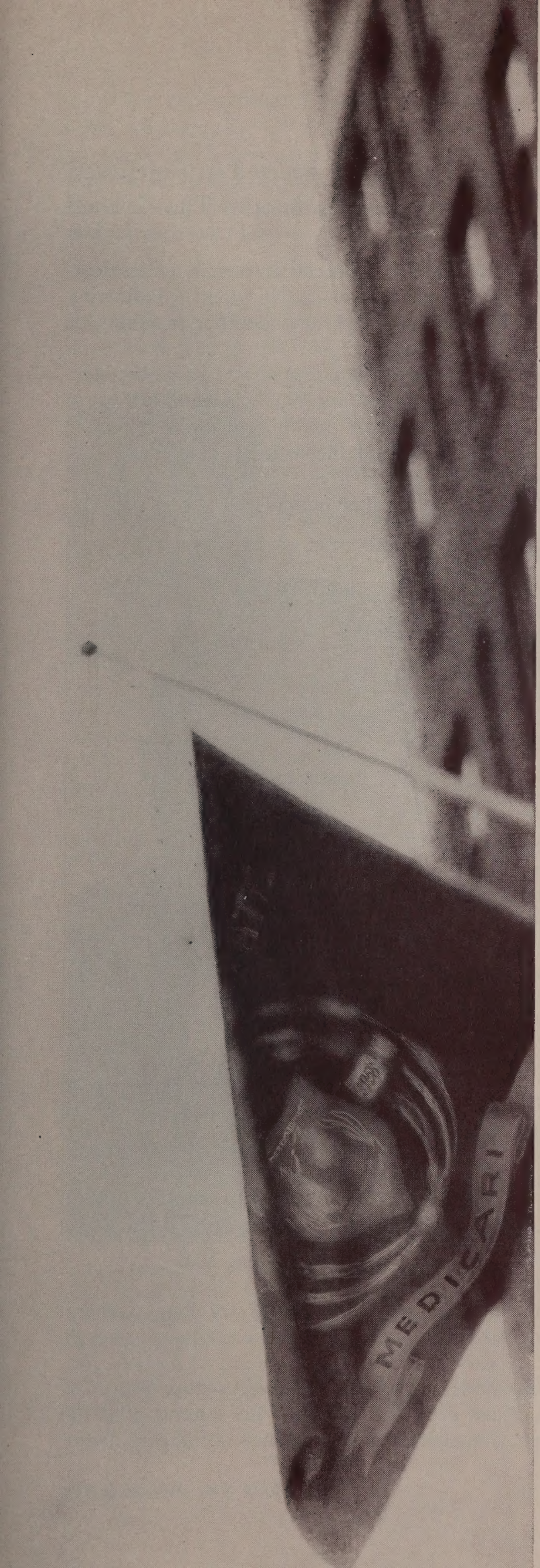

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Presenting . . .

The New President-Elect and Two New Councilors Elected in Cincinnati By the House of Delegates, with Data on Other Members of The Council

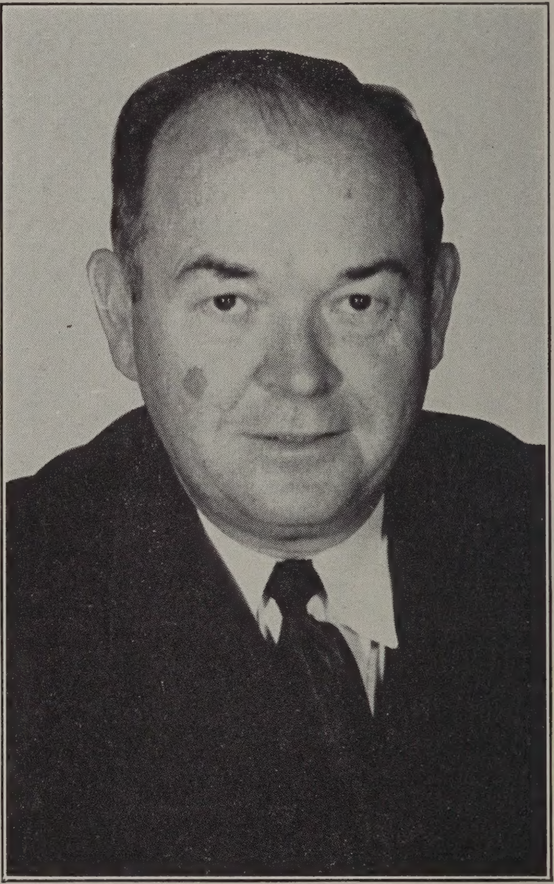
THE HOUSE OF DELEGATES of the Ohio State Medical Association named a President-Elect and two new Councilors at the 1958 Annual Meeting in Cincinnati. Following are biographical sketches of these new officers and information on other members of The Council.

Dr. Frank Henderson Mayfield was named by the House of Delegates as President-Elect of the Association to take the office of President at the close of the 1959 Annual Meeting in Columbus. Dr. Mayfield is a practicing physician in Cincinnati in the field of neurological surgery. He has distinguished himself in his practice as well as in the fields of medical education, military medicine and medical organization work.

Dr. Mayfield's election to the high office came after he had served nearly two years on The Council as Councilor from the First District. He had further served the OSMA as chairman of its Committee on Public Relations and Economics and as chairman of the Subcommittee on Legislation. A former President of the Academy of Medicine of Cincinnati, he has held numerous offices and committee appointments in that Society.

Dr. Mayfield is a diplomate of the American Board of Neurological Surgery, assistant professor of clinical surgery in the University of Cincinnati College of Medicine, and a member of the Board of Trustees of the University. Professional appointments include those on the attending or consulting staffs of many Cincinnati hospitals as well as those of neighboring cities.

Nationally, Dr. Mayfield has held several positions of high responsibility. A Fellow of the American College of Surgeons, he is on its Board of Governors and is chairman of its Subcommittee on Head Trauma. He is also a Fellow and Past-President of the American Society of Neurological Surgeons; has served as vice-chairman of the Section on Nervous and Mental Diseases of the American Medical Association.



Frank H. Mayfield, M. D.

During World War II, Dr. Mayfield served from August, 1942 to February, 1946 in the Army Medical Corps. With the rank of Lieutenant-Colonel, he served as chief of the Neurological Surgery Section, Percy Jones General Hospital Battle Creek, Mich., a U. S. Army hospital. At present he is area consultant in neurosurgery for the Veterans Administration.

Dr. Mayfield is a native of Garnet, South Carolina, and earned his degree as Doctor of Medicine in the Medical College of Virginia, Class of 1931. He took his internship at the Hospital Division of the same college and went immediately into residency training in neurosurgery. In 1935 he accepted an appointment as instructor in neurosurgery at the University of Louisville School of Medicine and the following two years was assistant to Dr. R. Glen Spurling, Louisville neurologist and medical educator.

Incoming President

Dr. George A. Woodhouse, Pleasant Hill, assumed the office of President at the conclusion of the final meeting of the House of Delegates.

Geo. A. Woodhouse, M.D.

Dr. Woodhouse began his career as a rural practitioner and has devoted himself to that field since. The major part of his professional life has been in and around the Miami County community, where he early took an interest in medical organization work. Five years ago his colleagues of the Miami County Medical Society honored him with a testimonial dinner upon completion of 25 years as secretary-treasurer of the local organization. Recently he was again honored by the local Society with a plaque and a resolution commending his many years of service in behalf of the medical profession.

On the state level, Dr. Woodhouse served four years as Councilor of the Second District before he was named President-Elect in 1957. On the national level he has continuously served as Delegate to the American Medical Association since 1942 and for five years has been a member of the Judicial Council of the AMA. The Judicial Council has been called medicine's supreme court. Its function is to interpret the AMA Principles of Ethics.

As early as 1936 Dr. Woodhouse was elected president of the Second Councilor District Medical Society and later served several terms as its secretary. He was first elected a delegate of the Miami County Medical Society to the OSMA in 1936 and served in that capacity until 1953. He has served the State Association in many capacities—as a member of the first Judicial and Professional Relations Committee; a member of the committee to study plans for pre-payment insurance, a program which resulted in establishment of Ohio Medical Indemnity; member of the Committee on Public Relations and Economics; member of the Subcommittee on Legislation and its chairman from 1949 to 1953; member of the House of Delegates Reference Committee on Resolutions on many occasions; chairman of the Committee on Hospital Relations for one year; and a member of the Auditing and Appropriations Committee.

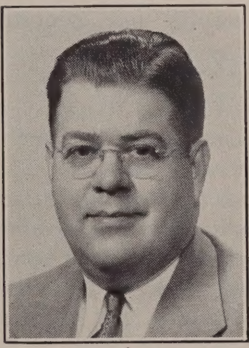
Dr. Woodhouse is a graduate of the University of Cincinnati College of Medicine, Class of 1924. He is a member of the active staff of Piqua Memorial and Dettmer Hospitals and on the courtesy staff of Stouder Memorial Hospital, all in Miami County. He is married and the father of four children, all adults. One son, Dr. George A. Woodhouse, Jr., is a practicing physician in Cincinnati.

Dr. Woodhouse is a member of the Hospital Advisory Council of the Ohio Department of Health. Community activities include membership on the local Board of Education and the Pleasant Hill Board of Public Affairs of which he has been president for eight years. He is a member of the Congregational Christian Church, the American Legion (as a veteran of World War I) and several Masonic bodies including the Shrine.

First District Councilor

The House of Delegates elected Dr. Charles William Hoyt, Cincinnati, as Councilor for the First District to succeed Dr. Mayfield.

Dr. Hoyt is a third generation physician and the ninth Doctor Hoyt in his family. His father is Dr. Will Maurice Hoyt, of Hillsboro. His grandfather was the late Dr. William Hoyt, also of Hillsboro.


Chas. W. Hoyt, M. D.

Dr. Charles Hoyt graduated from Hillsboro High School in 1931, and attended Ohio Wesleyan University. He took his medical training at the Hahnemann Medical College and Hospital of Philadelphia where he received his M. D. degree in 1940. Following internship at Bethesda Hospital in Cincinnati, he engaged in general practice and anesthesiology from 1941 to 1947.

Anesthesiology has been his specialty exclusively since 1947, in private practice with Doctors Hoyt, Erb and Associates. His residency in anesthesiology was taken at Hahnemann Medical College and Hospital.

Dr. Hoyt has served the Academy of Medicine of Cincinnati in several ways. He is co-chairman of its Public Relations Committee and has served several years as the Academy's delegate to the OSMA. He served as chairman of the special committee which produced the booklet outlining the procedures of the OSMA House of Delegates and the responsibilities of individual delegates.

He is a past-president of the Cincinnati Society of Anesthesiologists, and is the 1957-1958 president and former vice-president of the Ohio Society of Anesthesiologists. He is a member of the International Anesthesia Research Society, and of the American Society of Anesthesiologists; also a member of the House of Delegates of the latter organization.

A diplomate of the American Board of Anesthesiologists, he is a fellow of the American College of Anesthesiologists. His local appointments include the attending staff of Bethesda Hospital, where he is director of the Department of Anesthesiology; attending staff of Our Lady of Mercy Hospital, Mariemont; and consultant in anesthesia to the Veterans Administration.

The Hoyts are parents of two children, Judith Ann, age 15, and James William, age 12. His fraternal memberships include Phi Kappa Psi and Phi Alpha Gamma. Other affiliations include memberships in the Hyde Park Country Club, the Episcopal Church and several Masonic bodies including the Royal Arch, Commandery, Scottish Rite and Shrine.

Third District Councilor

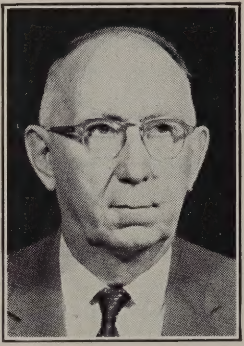
The House of Delegates elected Dr. Floyd M. Elliott, Ada, as Councilor for the Third District to succeed Dr. James R. Jarvis, Van Wert, who had served the maximum of three terms on The Council.

Born in Champaign County, the son of the late Dr. Samuel H. Elliott, the new Councilor moved to Ada with the family in 1901. He attended the Ada public schools and graduated from Ohio Northern University. He became a graduate student then at the University of Chicago and obtained his M. D. degree from Loyola University of Chicago, subsequently taking his internship at St. Bernard's Hotel Dieu, Chicago.

Dr. Elliott's devotion to general practice in and around Ada has been supplemented by a variety of civic and organization activities. He has served three years as president of the Harding County Medical Society and has served his local organization in many other ways. For many years he has been delegate of the local Society to the OSMA. His work in behalf of the State Association also dates over many years. He had served on the State Legislative Committee for many years. Also he was a member of the Committee on Federal Legislation.

Dr. Elliott has served two terms as coroner of Harding County and two terms in Ohio House of Representatives. He served 20 years on the Ada Board of Education, 12 of those years as its president. He also is a member of the Ada Public Library Board.

Dr. Elliott's military record dates to the Mexican Border Incident and World War I. A member of the Ohio National Guard for years, he served overseas with the 51st Pioneer Infantry in the grade of captain. He attended the University of Edinburgh, being commanding officer of a U. S. Army student detachment in Scotland. For years he was captain in the U. S. Reserve.


F. M. Elliott, M. D.

A 32nd Degree Mason, Valley of Columbus, he is active in the Blue Lodge of Ada, Chapter of Ada and Council of Kenton. Other memberships include affiliation with the Presbyterian Church, the American Legion, the Veterans of Foreign Wars, and Phi Beta Pi.

Professional affiliations include appointments on the staffs of Harding Memorial Hospital, San Antonio Hospital, Kenton; Lima Memorial Hospital and St. Rita's Hospital at Lima. He is a member of the American Medical Association, American Academy of General Practice, American Association for the History of Medicine, and the New York Academy of Science.

Dr. Elliott is married and his family includes the following sons: Robert B. Elliott, M. D., in practice at Ada and soon to take residency training in pathology at Memphis, Tenn.; Captain John M. Elliott, U. S. Air Force, in Europe and assignments; and Charles S. Elliott, D. D. S., in dental residency at Cincinnati General Hospital. A fourth son, Howard A., was killed in action in Germany.

Past-President

Dr. Robert S. Martin, Zanesville, will serve an additional year on The Council as immediate Past-President.

Treasurer Re-elected

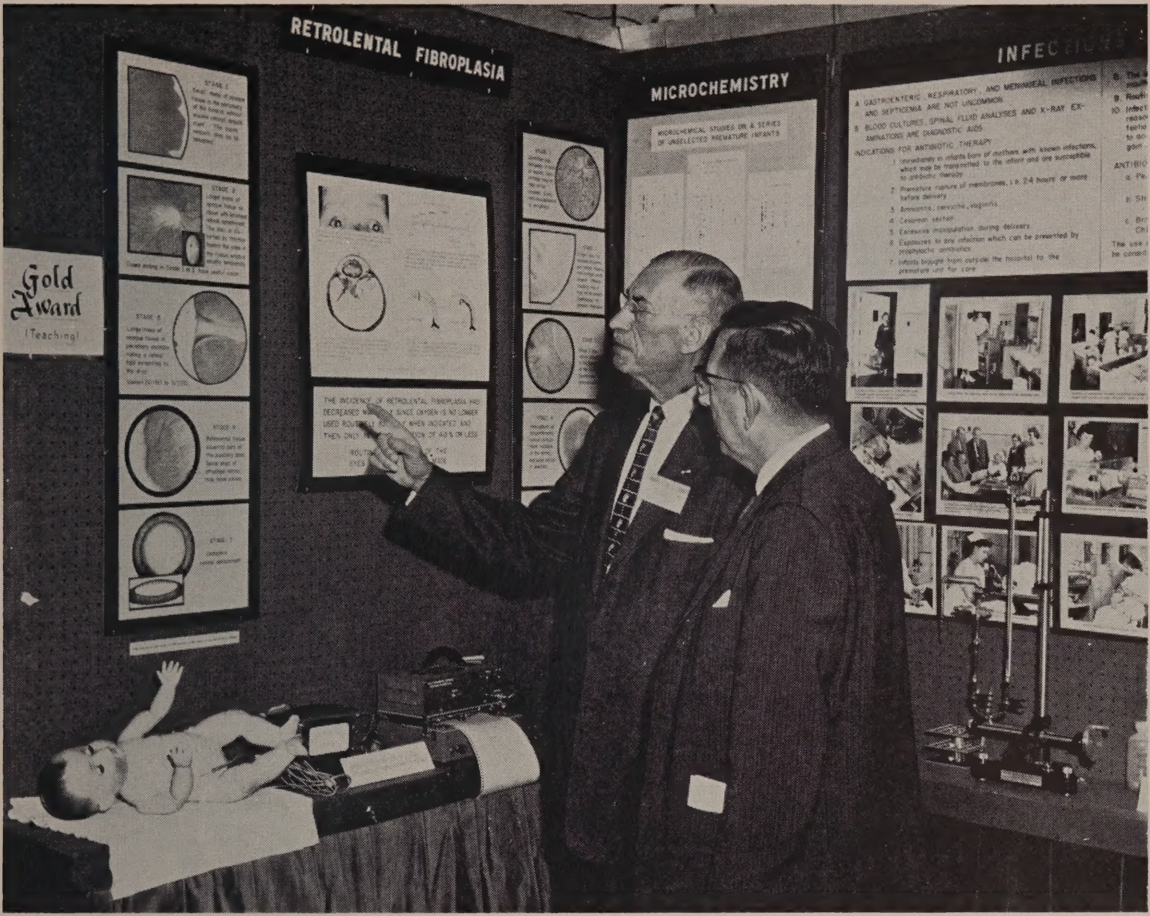
Dr. Geo. J. Hamwi, Columbus, was re-elected to serve a three-year term as Treasurer. He was elected to that office in 1956 to fill two years of the unexpired term of Dr. Richard L. Meiling.

Councilors Re-elected

The following Councilors were re-elected for additional two-year terms:

Dr. George W. Petznick, Cleveland, was re-elected Councilor of the Fifth District. He was elected in 1955 to fill the remaining year of an

AMA President Views Gold Award Exhibit



Examining the Gold Award winning exhibit in the field of education, "Premature Care," are, left, Dr. David B. Allman, President of the AMA, and new OSMA President, Dr. George A. Woodhouse. Sponsors of the exhibit were Drs. Edward A. Wagner, Daniel V. Jones and Carl A. Koch, University of Cincinnati College of Medicine, Department of Pediatrics and the Premature Service Cincinnati General Hospital.

unexpired term and was re-elected in 1956 to his first full term.

Dr. Robert E. Hopkins, Coshocton, was re-elected Councilor of the Seventh District. He was first elected to that office in 1954 and was re-elected in 1956.

Dr. Carter L. Pitcher, Portsmouth, was re-elected Councilor of the Ninth District. He was elected in 1953 to fill one year of an unexpired term and was re-elected in 1954 and 1956.

Dr. H. T. Pease, Wadsworth was re-elected Councilor of the Eleventh District. He was elected to that office in 1954 and re-elected in 1956.

Councilors in the midst of two year terms are: Dr. R. Dean Dooley, Dayton, Second District; Dr. Paul F. Orr, Perrysburg, Fourth District; Dr. C. A. Gustafson, Youngstown, Sixth District; Dr. William D. Monger, Lancaster, Eighth District, and Dr. Edwin H. Artman, Chillicothe, Tenth District.

Cancer Society Man-of-the-Year Award Goes to Dr. Lazzari

Dr. John H. Lazzari, Cleveland physician and chief of staff at Lutheran Hospital, was named Man-of-the-Year by the American Cancer Society and received the award at the meeting of the Ohio Chapter in Cincinnati, April 14. He also is president of the Ohio Surgical Association.

Ohio State Heart Association Announces New Officers

Dr. John W. Martin, Cleveland, was elected president of the Ohio State Heart Association at its recent meeting in Cincinnati. T. Stenson White, also of Cleveland, was elected chairman of the Board.

Other officers elected were Charles W. McCoy Columbus, vice-chairman and treasurer; and Mrs. Carl A. Strauss, Cincinnati, secretary.

Address of the President . . .

Retiring Head of Ohio State Medical Association Speaks Before the First Session of House of Delegates at Annual Meeting in Cincinnati, April 14

By ROBERT S. MARTIN, M. D., Zanesville, Ohio

EACH annual session of the House of Delegates offers an excellent opportunity for us to evaluate our Association. I am certain that most of you are aware of the work of the State Association during the past twelve months. Nevertheless, a brief review will refresh your memory and will, I hope, inspire you to impress upon your respective county medical societies the importance of following through locally.

There is one point which I believe needs clarification and emphasis.

While serving as Councilor, President-Elect and as your President, I have heard this question asked many times in connection with some particular problem or issue:

"What is the Ohio State Medical Association going to do about it?"

Likewise, I have heard many times the question: "What is the American Medical Association going to do about it?"

Obviously, those who have asked this question do not realize that after all the Ohio State Medical Association or the American Medical Association is each of us.

Emphasis on "We"

The question should be "What are we going to do about it?"

In other words, the OSMA or the AMA are merely composites of all of us. Neither is a mystical all-powerful agency with superhuman powers. What they do, can do or will do depends on how we as individual physicians meet our responsibilities in our practice and as members of our local, state and national medical societies.

I hope each of you will carry that message home to the members of your society, especially those who may have a tendency to sit back and expect a few faithful to do all the work.

You are influential members of your county societies. You can play a big part in keeping your societies alert and active and organized in a way that they can be of great assistance to those who are heading up the activities of the State Association. I urge you to give this serious consideration.

Those who have kept up to date by reading the articles and reports which have appeared in *The Ohio State Medical Journal,* know that the Association has been quite busy since our 1957 meeting.

At the regular session of the Ohio General Assembly, our State Legislative Committee and Columbus Office had to follow approximately 100 bills. They were ably assisted by the legislative committees of most of the county medical societies. No law harmful to public health or medical standards was enacted. Outstanding in the session was the enactment of the proposal sponsored by the State Association to make unwanted, stray dogs readily available for medical research.

New Committee on Federal Legislation

Because the job of following the activities of the U. S. Congress has become more important and pressing during the past several years, it was found necessary to create a new committee known as the Committee on Federal Legislation. This committee is headed by Dr. Fred W. Dixon, Cleveland. Last Fall, The Council adopted a statement of policy opposing the enactment of the Forand Bill, (H. R. 9467). This would provide a Federal program of medical and hospital care for aged persons regardless of need. The Council believes this bill is similar to a Federal system of compulsory health insurance. The Council is of the opinion that it is the responsibility of the state and local political subdivisions to look after the needy, including the aged needy, not the Federal Government.

As you all know, our present state program to provide medical and hospital care for the needy aged is far from adequate or satisfactory. Because insufficient funds were appropriated by the last Legislature, the program is failing to meet the needs. The administrative agency found it necessary to reduce the allowances paid to physicians, and others for services to the aged. Even though most physicians are continuing to care for the needy aged under the reduced schedule—some without making charges—your State Association believes this situation should be corrected. Perhaps no solution can be found until the Legislature meets again—in January 1959—but at that time the Association intends to impress upon the law-makers the importance of adequate appropriations with which to meet the medical needs of those receiving aid for aged.

"Votes Made Back Home"

Before leaving matters involving legislation, may I emphasize that there are no persons in Columbus or Chicago or in Washington who by waving magic wands can bring about the passage or the defeat of legislative proposals. As you have read many times in the OSMA legislative bulletins: "Votes are made back home." This means that your State Legislator or your Congressman looks to his local constituents for advice and guidance. He will be influenced by them as to how he may vote on any given subject. Is your County Medical Society and are the individual members of your County Medical Society meeting their responsibility in this field? Better check on this when you get home.

Third-Party Programs

One of the most vital and one of the most controversial issues before the profession today is that relating to third-party medical care programs. This is not a new issue. Nevertheless because of certain developments within the past several years it has become one of supreme importance to all of us.

I strongly recommend that all members of the Ohio State Medical Association study line by line the excellent statement of policy on third-party medical care plans adopted by The Council on December 15, 1957, on recommendation of the Committee on Medical Services which gave many weeks of study and conference to the question. This statement appeared in its entirety in the January, 1958 issue of *The Journal.* A copy will be found in the House of Delegates packet which will be given to you at the conclusion of this evening's session.

This important statement of policy points out when and how ethical principles may be violated by physicians participating in third-party medical care plans and suggests remedies which may be applied if the facts and circumstances warrant.

A question somewhat similar to the third-party medical care plan issue, namely, corporate practice of medicine, is being studied jointly by the Judicial and Professional Relations Committee and the Committee on Hospital Relations. These committees have already held six meetings. They have conferred with representatives of the Ohio Hospital Association, representatives of various specialty groups and representatives of the Ohio Blue Cross Plans and Ohio Medical Indemnity. The committees are not ready at this time to submit their report but plan to report to The Council at some time during the next several months.

Ohio's Blue Shield

Speaking of Ohio Medical Indemnity, our own medical expense insurance plan, I can report to you that it is completing plans to offer a subscriber contract which will provide larger indemnities and more extensive coverage, including coverage for certain diagnostic services. OMI still holds its rank as the fourth largest Blue Shield plan in the country, covering 2,300,000 citizens of Ohio.

The Council, reaffirming the policy adopted in the Fall of 1956, with regard to the Federal Medicare Program, recently refused to enter into any contract with the Federal Government on Medicare activities, leaving it to each individual Ohio physician to decide for himself whether he desires to participate in the program and accept the scheduled allowances as payment-in-full for services rendered to military dependents.

At the request of the Veterans Administration, The Council has considered a proposal that the formal official contract between the VA and the OSMA, which has been in effect since shortly after the end of World War II, should be dissolved and that the matter of fees be worked out mutually at informal conferences between representatives of the Association and representatives of the VA. The Council has notified the VA of acceptance of this proposal. The details have not as yet been worked out.

I regret that I cannot report that we have been able to secure a more satisfactory schedule of fees for Workmen's Compensation cases. The proposal for adjustment of the fees which we submitted many months ago still is "under advisement" by the Bureau of Workmen's Compensation.

I believe that the Bureau has not been realistic in the way it is handling this matter. In the first place it knows that parts of the fee schedule need upward adjustment as they have not been revised since 1949. Secondly, it should realize that some of the fees allowed are quite inadequate in this period of increased cost of professional practice. We hope that this stalemate will be broken in the near future.

Progress on Maternal Health

The Committee on Maternal Health is carrying on one of our major activities. It drafted and submitted to The Council, which approved, a set of guiding principles for obstetrical care. It is presenting in *The Journal* case histories based on statistical material the committee has collected and analyzed. In the near future it will establish a plan whereby members of the committee can appear before county medical societies to talk about the do's and don'ts of obstetrical care, based on the committee's findings.

A fine report has been compiled by the Committee on Relationship Between Medical Societies and Voluntary Health Agencies. Copies have been sent to the officers of each county medical society. It presents guides and suggestions in case a county medical society desires to study the question of whether or not the community should have one organization to solicit funds for the various health organizations. You will recall this action was taken following the adoption of a resolution by the House of Delegates last year, endorsing the federated health fund idea in principle.

Other Committee Activities

Another new committee has done a fine piece of work—namely—the Committee on Revision of House of Delegates Procedures. Each of you have been presented with a copy of that committee's report. Those of its recommendations which require changing the By-Laws will be acted upon at this meeting.

Before the final session of the House of Delegates, Dr. Martin (left) is decorated with the Past-President's Pin by Incoming President Woodhouse.

The preceptorship program sponsored by the Committee on Rural Health has become one of the biggest activities of that busy committee. This year approximately forty preceptorships for University of Cincinnati medical students will be available. The committee hopes eventually to make preceptorships available to Ohio State and Western Reserve students, also.

The lectures on small town practice sponsored by this committee for the senior students at Ohio's three medical schools continue to be valuable and popular. This year the lectures were given at a single day's session at the University of Cincinnati and Ohio State University. The attendance far exceeded the number of students reached through the former six-session plan. The old plan of giving a series of lectures was followed at Western Reserve but the attendance has been poor, indicating the one-day plan is more feasible.

Group Life Insurance

Within the next several months, the Association probably will offer members an opportunity to participate in a group life insurance program sponsored by the Association. A committee is preparing to report on this to The Council at its next meeting.

Our Physicians' Placement Service has become one of the most active and valuable of our many activities. It is a real public relations project; also, a program of great help to those starting medical practice in Ohio.

The Association has representatives working on the State Hospital Advisory Council; on an advisory committee to the Division of Aid for the Aged; on an advisory committee to the Division of Public Assistance and on an advisory committee to the Bureau of Vocational Rehabilitation. We are represented on the Governor's Committee on Problems of the Aged; the Ohio Rural Health Council and a variety of other organizations and agencies. I mention these merely to show that every possible effort is being exerted to have the views of the medical profession presented when health programs are planned or carried on.

I could devote considerable more time to reviewing other projects carried on by our committees and concerning the varied activities of our Columbus Office. These references are sufficient, however, to show that the State Association day after day carries a substantial load and is doing a good job of it.

At this point I would like to pay tribute to those who have had a direct part during the past year in helping to establish another good record.

Those Sunday Meetings

Members of most of our committees have spent many days—primarily Sundays—in Columbus on Association business. I wish to thank all of them for their time and efforts. Our entire profession has profited by their work.

Members of The Council continuously spend much time on official business of the Association. All of them merit the sincere thanks of the entire profession.

To you members of the House of Delegates may I express my appreciation and that of the profession for your willingness to give your time and thought to the affairs of our organization.

Then too, we must realize that a great many necessary activities could not have been carried out successfully without the cooperation of officers and committees of the county medical societies

OPENING SESSION OF THE HOUSE OF DELEGATES

This is the speakers' table at the first session of the House of Delegates. Left to right are: Mr. Charles S. Nelson, Executive Secretary; Dr. Geo. J. Hamwi, Treasurer; Dr. George X. Schwemlein, President of the host Cincinnati Academy of Medicine; Dr. Robert S. Martin, OSMA President; Dr. George A. Woodhouse, President-Elect; and Dr. Richard L. Meiling, Immediate Past-President.

who constitute the real foundation of our statewide organization.

Few beside the officers, members of The Council and members of our committees fully realize the amount of work carried on by our headquarters office staff. It is done promptly and well. Their efficiency and personal interest play a real part in the success of our Association. To them I am most grateful for their assistance this year.

First a Citizen

Before concluding, may I say just a few words about how important it is for every doctor to remember that he is not just a doctor—but a doctor and a citizen.

Unfortunately, some physicians—too many I fear—forget that in addition to their duty of looking after the physical and mental health of the people, they have a duty and responsibility to serve their community, state and nation as citizens. To be specific, they have an obligation as citizens to work with others in an effort to solve the social and economic problems which confront all of us.

Too often we hear some physician say that he is too busy to identify himself with community undertakings; too busy to take an active part in political affairs; too uninformed to take a stand on major issues. Frequently, this same physician is too timid to stand up and be counted when vital issues are being debated and voted upon.

Public Service a Tradition

During the early days of this country, members of the medical profession took an active part in moulding public opinion. They were active in the political and economic life of the nation. People looked to them for guidance not only on matters concerning their health, but for advice and counsel on economic, social and political questions. The doctors responded.

Of the fifty-six persons who signed the Declaration of Independence, five were doctors of medicine. They not only had the courage to sign but also had the courage to back up what they signed. This is revealed in the final paragraph of that famous document which reads as follows:

"And for the support of this Declaration, with firm reliance on the protection of Divine Providence, we mutually pledge to each other our lives, our fortunes and our sacred honor."

I would urge all physicians to use their talents and influence in moves to assure better government and in programs for public improvements. Let us be actively and openly for those things which will improve our communities and offer greater opportunities for our children.

As doctors and as citizens we must display the kind of courage displayed by those who signed the Declaration of Independence. The kind of mutual understanding and united action demonstrated by those forefathers is badly needed today, not only in the ranks of the medical profession but throughout our entire society as well.

As I end my term as your president—the greatest honor and privilege it has been my good fortune to enjoy—I leave with you this admonition:

Let us not forget that great heritage handed down to us as doctors—and as citizens.

House of Delegates . . .

Two Lively Sessions Held at 1958 Annual Meeting in Cincinnati; Action Is Taken on Nineteen Resolutions; Officers for 1958-59 Are Named

MINUTES OF FIRST SESSION

THE first session of the House of Delegates of the 1958 Annual Meeting of the Ohio State Medical Association was held in the Restaurant Continental, Netherland Hilton Hotel, Cincinnati, on Monday evening, April 14. There was a dinner with a business session following.

The session was called to order by Dr. George X. Schwemlein, President of the Cincinnati Academy of Medicine. He welcomed the delegates to Cincinnati and then introduced the President, Dr. Robert S. Martin, Zanesville. Dr. Martin then delivered his presidential address. (See pages 770-773 in this issue for Dr. Martin's address.)

Delegates Present Numbered 148

The report of the Credentials Committee was made by Dr. M. D. Shilling, Ashland. It showed 148 officers, councilors and delegates present, as well as 25 alternates and 10 guests.

Following the report of the Credentials Committee, Dr. Martin requested the House of Delegates to stand for a moment of silence in memory of the late Dr. Harry V. Paryzek, Cleveland, former president of the Ohio State Medical Association, and the late Dr. Clarence E. Hufford, Toledo, an alternate delegate from Ohio to the American Medical Association and a member of the Cancer Committee, whose deaths occurred recently.

Auxiliary President Speaks

Dr. Martin then introduced Mrs. V. R. Frederick, Urbana, President of the Woman's Auxiliary to the Ohio State Medical Association. Mrs. Frederick gave an excellent talk on the major activities of the Auxiliary. At the conclusion of her remarks she received a fine ovation from the House of Delegates. (See pages 805-806 in this issue for Mrs. Frederick's address.)

Guests Introduction

Following Mrs. Frederick's talk, President Martin introduced to the House of Delegates the following: John Ray, Columbus, representative of the Student A. M. A. Chapter, Ohio State University College of Medicine; Lee Vesper, Cincinnati, representative of the Student A. M. A. Chapter, University of Cincinnati College of Medicine; and David J. Byrnes, Columbus, executive secretary of the Ohio Academy of General Practice.

On motion duly made, seconded and carried, the minutes of the meetings of the House of Delegates held in connection with the 1957 Annual Meeting in Columbus were approved as published in *The Ohio State Medical Journal.*

Reference Committees

The next order of business was the appointment of Reference Committees by the President. The following were appointed:

Credentials of Delegates — M. D. Shilling, Ashland, chairman; Isador Miller, Urbana; E. J. Meckstroth, Sandusky.

President's Address—J. Martin Byers, Greenfield, chairman; Dale A. Hudson, Piqua; Harry A. Haller, Cleveland; John R. Seesholtz, Canton; Edward W. Harris, Columbus.

Resolutions Committee No. 1—Edmond K. Yantes, Wilmington, chairman; Kenneth D. Arn, Dayton; Donald W. English, Lima; Frank F. A. Rawling, Toledo; Benjamin S. Park, Painesville; John A. Fraser, East Liverpool; B. C. Diefenbach, Martins Ferry; J. L. Kraker, Lancaster; Keith R. Brandeberry, Gallipolis; Philip B. Hardymon, Columbus; N. P. Stauffer, Millersburg.

Resolutions Committee No. 2—John H. Budd, Cleveland, chairman; Charles W. Hoyt, Cincinnati; Ray M. Turner, Springfield; Floyd M. Elliott, Ada; Thomas F. Tabler, Holgate; Asher Randell, Youngstown; Joseph W. Hamilton, Dover; A. C. Ormond, Zanesville; George N. Spears, Ironton; Robert E. Swank, Chillicothe; James T. Stephens, Oberlin.

Tellers and Judges of Election—Robert D. Mansfield, Cincinnati, chairman; George J. Schroer, Sidney; Kenneth E. Bennett, Marietta; H. D. Chamberlain, McArthur; Harry Wain, Mansfield.

Nominating Committee Chosen

The House of Delegates then elected the following Committee on Nominations:

First District—Harry K. Hines, Cincinnati, who was named acting chairman.

Second District—George J. Schroer, Sidney.
Third District—George H. McIllroy, Celina.
Fourth District—Frank F. A. Rawling, Toledo.
Fifth District—Harry A. Haller, Cleveland.

Sixth District—Carl C. Nohe, Akron.

Seventh District—B. C. Diefenbach, Martins Ferry.

Eighth District—James A. L. Toland, Cambridge.

Ninth District—W. M. Singleton, West Portsmouth.

Tenth District—Robert E. Swank, Chillicothe.

Eleventh District—N. J. M. Klotz, Wadsworth.

Resolutions Introduced

Following the election of the Nominating Committee, the House of Delegates then received 19 resolutions which were automatically referred to the Reference Committees on Resolutions. **(See minutes of Second Session of the House of Delegates for the Resolutions and actions thereon.)**

Amendments to By-Laws Approved

Under the item of miscellaneous business, the House of Delegates considered proposed amendments to the Constitution and By-Laws which had been presented for action on authorization of The Council. **By official vote, the House of Delegates approved the following:**

Amendment No. 1

This amendment substitutes wording for Sec. 4, Chapter 1 of the By-Laws pertaining to eligibility for membership in the Ohio State Medical Association. It clarifies the existing section on matters relating to foreign-born applicants for membership.

Sec. 4, Chapter 1 of the By-Laws as amended reads as follows:

Sec. 4. Eligibility. This Association shall consist of one class of members only viz: those members of component societies who have complied with the membership eligibility requirements of this section and whose past and current annual dues and assessments in this Association shall have been received from their respective component societies at the headquarters of this Association.

To be eligible to membership in this Association a person shall possess all of the following qualifications, to-wit:

(a) He must be a citizen of the United States, OR

He must have resided in the United States for at least one year, and he must have filed in an appropriate court of record a declaration of his intention to become a citizen of the United States, which declaration has not been withdrawn.

(b) He must be licensed to practice medicine and surgery by the licensing authority of the State of Ohio, OR

If he is currently serving as a hospital intern or resident within the State of Ohio and is not a member of a medical society of the District of Columbia or of any state or territory of the United States, he must be licensed to practice medicine and surgery by the licensing authority of the District of Columbia or of some state or territory of the United States.

(c) He must hold the degree of doctor of medicine or some foreign degree in medicine regarded by the Council of the Ohio State Medical Association as equivalent thereto.

Amendment No. 2

Amendment No. 2 provides for a new section in Chapter 4 of the By-Laws, relating to the introduction of resolutions in the House of Delegates. It was suggested by the special committee which studied House of Delegates procedure. In effect, it provides resolutions must be filed with the Columbus Office 60 days in advance of the meeting so copies can be distributed to delegates; that no resolution may be introduced otherwise unless consent of two-thirds of the House of Delegates is obtained; that all resolutions must be introduced at the first session of the House of Delegates—a provision implied in the Order of Business but not specifically stated.

The action provides that Section 8 of Chapter 4 of the By-Laws be re-numbered so as to make it read "Section 9," and that the new Section 8 of Chapter 4 of the By-Laws read as follows:

Sec. 8. Resolutions. Every resolution to be presented to the House of Delegates for action shall be filed with the Executive Secretary of the Association at least sixty (60) days prior to the meeting of the House of Delegates at which such action is proposed to be taken; and promptly upon filing of any such resolution the Executive Secretary shall prepare and transmit a copy thereof to each member of the House of Delegates. No resolution may be presented or introduced at any meeting of the House of Delegates unless the foregoing requirements of filing and transmittal shall have been complied with or unless such compliance shall have been waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at such meeting.

The Executive Secretary may cause to be published in *The Journal* in advance of such meeting of the House of Delegates any or all resolutions so filed with him; and upon the direction of the President or the Council the Executive Secretary shall cause to be so published such resolutions as the President or the Council may designate.

No consideration may be given, or any action taken, by the Committee on Resolutions or the House of Delegates, with respect to any resolution unless such resolution shall have been presented or introduced at the opening session of the meeting of the House of Delegates.

Amendment No. 3

The Committee on Scientific Work had suggested that the committee be enlarged in order to provide more personnel to work on Annual Meeting details. Amendment No. 3 changes Sec. 2 and Sec. 4 of Chapter 9 of the By-Laws enlarging the committee to 10 members.

Sec. 2 and Sec. 4 of Chapter 9 of the By-Laws as amended read as follows:

Sec. 2. Method of Appointment. The standing committees shall be appointed by the President with the approval of the House of Delegates. Each year there shall be appointed one member for a term of five years to each of the following standing committees: Committee on Public Relations and Economics, Committee on Education, and Judicial and Professional Relations Committee; and each year there shall be appointed two members for a term of five years to the Committee on Scientific Work. The President shall designate the chairman of each committee from among its members.

Sec. 4. Committee on Scientific Work. The Committee on Scientific Work shall consist of ten members. This committee shall have charge of the general arrangements for the annual meetings of the Association, including the scientific programs both for general sessions and such sections as may be authorized by Council, as well as the scientific exhibits.

On recommendation of this committee the Council shall appoint a general chairman of a Local Committee on Arrangements, who, after consultation with the president of the component society of the county in which the meeting is to be held, shall appoint and organize the personnel of the Local Committee on Arrangements from the members of the component society of such county. Through sub-committees of its choice the Local Committee on Arrangements shall have charge of all local arrangements, including provision of suitable meeting places, subject to the approval of the Committee on Scientific Work.

All receipts from the annual meeting shall be turned over to the Treasurer of this Association. All expenditures must be authorized in advance by the Auditing and Appropriations Committee.

With the advice of the President and subject to approval by Council, the Chairman of the Committee on Scientific Work may appoint such sub-committees as he may deem necessary and designate a chairman for each sub-committee so appointed.

Charters Re-Issued

By official action, the House of Delegates **approved** re-issuance of charters to the Gallia County Medical Society and the Portage County Medical Society, due to the fact that each had lost its original charter.

Standards for Diagnostic Laboratories

A report from the Committee on Public Relations and Economics with regard to a study being made on the feasibility of establishing standards for diagnostic laboratories, as requested by the House of Delegates in a resolution adopted by the House of Delegates at the 1957 Annual Meeting, was received.

The report, which was in the form of a letter from Dr. Frederick P. Osgood, Toledo, chairman of the committee, to Dr. Martin, **was accepted by the House of Delegates by official vote.** It read as follows:

"At the 1957 meeting in Columbus, the House of Delegates adopted Resolution E instructing The Council to appoint a committee to study the matter of establishing qualifications and standards for diagnostic laboratories, this committee to report its recommendations to the 1958 House of Delegates.

"The Council, on September 14-15, 1957, referred this to the Committee on Public Relations and Economics. At a meeting on October 6, 1957, the committee heard from Dr. Robert M. Craig, Dayton, representing the Montgomery County Medical Society; Mr. Leo F. Ey, Chief, Division of Public Health Laboratories, Ohio Department of Health; and Dr. Fred H. Wentworth, Chief, Division of Communicable Diseases, Ohio Department of Health; and also considered a letter from Dr. Merl B. Smith of Toledo.

"After due consideration, the committee referred this information and the problem to a subcommittee consisting of Dr. Horace B. Davidson, Columbus, Chairman; Dr. John B. Hazard and Dr. William J. Sinclair, Cleveland; Dr. Philip B. Wasserman and Dr. Robert J. Ritterhoff, Cincinnati; Dr. Melvin Oosting, Dayton; Dr. William B. Smith, Zanesville; and Drs. Mel A. Davis, Ralph J. Johansmann and Harry L. Reinhart of Columbus.

"This sub-committee spent most of Sunday, December 8, 1957, discussing methods of procedure and concluded that the first requisite was more information concerning the diagnostic laboratories situation in Ohio. A questionnaire was formulated and mailed to all known hospital and clinical laboratories in Ohio early in January, 1958. These laboratories number approximately 350.

"This questionnaire seeks to supply the committee with information regarding the number, types, scopes and facilities of laboratories active in this field, information which heretofore has not been available.

"The response to this request has been gratifying and the questionnaires are now in the process of being tabulated. It is contemplated that the sub-committee very soon will study compilation of the information obtained from these questionnaires.

"I am sure that members of the House of Delegates will appreciate that the matter of establishing qualifications and standards for diagnostic laboratories is no simple problem. Your committee realized that early in its deliberations on Resolution E. It realizes also that it is in the public interest as well as for the good practice of medicine that these laboratories be operated according to the highest standards possible. The best way of securing the cooperation of laboratories in adopting standards which may be agreed upon, must be worked out. This needs very careful consideration.

"The committee regrets that it is not yet in position to present definite recommendations to the 1958 House of Delegates. However, considerable progress has been made in this study and it is our hope that in the near future a feasible plan for solution of the problem can be presented to The Council for its consideration."

The House of Delegates then recessed to meet on Thursday morning, April 17.

As the delegates left the room each was presented with a green folder containing copies of all resolutions, which had been sent to the Columbus office prior to the Annual Meeting, and certain reference material.

MINUTES OF SECOND SESSION

The second and final session of the House of Delegates at the 1958 Annual Meeting was held Thursday morning, April 17, in Parlors L-M-N-O, Netherland Hilton Hotel, Cincinnati, following a breakfast.

Dr. M. D. Shilling, Ashland, chairman of the Credentials Committee, reported that 153 officers, councilors and delegates were in attendance and in addition 12 alternate delegates and six guests.

More Guests Introduced

Before the transaction of business, Dr. Martin introduced two of the out-of-state guests of other associations, namely, Dr. G. W. Slagle, Battle Creek, Michigan, President of the Michigan State Medical Society, and Dr. M. C. Topping, Terre Haute, Indiana, President of the Indiana State Medical Association; also Mr. James Waggener, Indianapolis, Executive Secretary of the Indiana State Medical

Association; and Miss Mary Jane Tompkins, Cleveland, representative of the Student A. M. A. Chapter, Western Reserve University School of Medicine.

Committee on President's Address

Dr. J. Martin Byers, Greenfield, chairman, presented the following report of the Reference Committee on President's Address:

"On behalf of the members of the House of Delegates and the Ohio State Medical Association, the Committee on President's Address wishes to commend Dr. Martin for his well presented and informative address.

"We congratulate Dr. Martin for his sincere belief in the great importance of local medical society action.

"We endorse and wholeheartedly support his reiterated concept that we as individuals must meet our responsibilities in our practices as well as our responsibilities as citizens in our communities.

"We agree with Dr. Martin and The Council on the policy expressed concerning Third Party Medical Care Plans and we urge all members to read that policy statement as published.

"We join with Dr. Martin in commending Ohio Medical Indemnity for the progress it has made. Moreover, we concur in the Association's stand on the Federal Medical Care Program.

"Dr. Martin's report on the accomplishments of the various committees is indeed stimulating and reflects the fine leadership the Association has had during the past year.

"History records the stand that physicians have taken on many important public issues. Now, it is up to us to become informed; to take a more active part in political affairs; and to take a firm stand on current issues. This means we must display united action and mutual understanding—characteristics demonstrated by our forefathers.

"Your committee is happy to have the privilege of commenting on the address of the President of the Woman's Auxiliary to the Ohio State Medical Association.

"Mrs. Frederick's address brought to the Association the broad scope of the Auxiliary's work. It is a dynamic organization and the Association is proud of its accomplishments."

By official action, the report of the committee was approved. Members of the committee, in addition to Dr. Byers, were: Dr. Dale A. Hudson, Piqua; Dr. Harry A. Haller, Cleveland; Dr. John R. Seesholtz, Canton; and Dr. Edward W. Harris, Columbus.

Action on Resolutions

The House of Delegates then took action on the 19 resolutions presented at the first session and the recommendations of the reference committees concerning them, as follows, such committees known as Resolutions Committee No. 1 and Resolutions Committee No. 2 having been chairmanned respectively by Dr. Edmond K. Yantes, Wilmington, and Dr. John H. Budd, Cleveland:

Resolution No. 1

Resolution No. 1, introduced by Dr. J. B. Hazard, Cleveland, read as follows:

WHEREAS, The practice of Pathology is an accepted part of the practice of medicine, with all its requirements of education, licensure, etc., on a par with other medical specialties,

THEREFORE, BE IT RESOLVED:

1. That all indemnities for professional care, including laboratory services, be paid by Medical Mutual or Blue Shield, rather than by Blue Cross.
2. That a plan similar to that recently adopted in Iowa for the transfer of professional services coverage into the Blue Shield contract be accepted by the Ohio Blue Cross organizations.
3. That in any new contractual relationships involving physicians, hospitals and insurance plans, payment for professional services, either in-patient or out-patient, be included under the Blue Shield or Medical Mutual portion of the contract.
4. That pathologists be consulted in any contemplated arrangements between physicians and medical care plans.
5. That immediate action should be taken on this resolution. Recent meetings here and in various other areas in Ohio indicate that unless a plan similar to that in effect in Iowa is adopted, Blue Cross will further expand its services in the field of medical practice in Ohio.

Action on Resolution No. 1

The report of Resolutions Committee No. 2 on Resolution No. 1 was as follows:

"There was a long and thorough discussion of Resolution No. 1 relating to the inclusion of indemnities for the services of pathologists in medical-cost insurance programs. The committee felt that this resolution could be improved through amendments. Therefore, it presents to the House of Delegates the following amended resolution and recommends its adoption."

Amended Resolution No. 1

WHEREAS, The practice of pathology is an accepted part of the practice of medicine, with all its requirements of education, licensure, and professional responsibility, and

WHEREAS, Negotiations are currently being carried on between the Ohio State Medical Association and Ohio Medical Indemnity, Inc., with a view to effectuating plans for the payment of indemnities for services of pathologists by medical-cost insurance,

THEREFORE BE IT RESOLVED, (1) That the House of Delegates urge that these negotiations be continued in the hope of consummation of such plans at the earliest possible date, and (2) That similar negotiations be initiated with other insurance carriers for the payment of indemnities for services of pathologists by medical-cost insurance.

On motion by Dr. Budd, seconded and carried, the recommendation of the committee that amended Resolution No. 1 be adopted was approved.

Resolution No. 2

Resolution No. 2, introduced by Dr. C. R. Jablonoski, Cleveland, read as follows:

WHEREAS, The rising cost of living has in many cases made it extremely difficult for the aged living on pensions or other fixed incomes to meet the costs of medical care, and

WHEREAS, The problem is expected to worsen due to the rising number of aged in our population and due to the constant rise in costs of living, and

WHEREAS, The many attempts to solve the problem in the Congress of the United States all would open the door to Socialized medicine,

THEREFORE, BE IT RESOLVED, That the House of Delegates request delegates to the American Medical Association National Convention to appoint a committee to explore with the Blue Shield, Blue Cross organizations, and similar insuring agencies, the feasibility of offering an insurance policy for the aged to defray hospital, medical and surgical costs. Said policy should include a provision by which the insured will have paid up all premiums upon reaching the age of 65.

Action on Resolution No. 2

The report of Resolutions Committee No. 1 on Resolution No. 2 was as follows:

"Resolution No. 2 pertaining to insurance for the aged was discussed thoroughly. The principle and problems presented were concurred in. The committee felt that a revision of the final paragraph would implement the intention of the resolution and produce quicker results, since the American Medical Association has already taken steps along this line through the formation of the Joint Council to Improve the Health Care of the Aged."

Amended Resolution No. 2

WHEREAS, The rising cost of living has in many cases made it extremely difficult for the aged living on pensions or other fixed incomes to meet the costs of medical care, and

WHEREAS, The problem is expected to worsen due to the rising number of aged in our population and due to the constant rise in costs of living, and

WHEREAS, The many attempts to solve the problem in the Congress of the United States all would open the door to socialized medicine,

THEREFORE, BE IT RESOLVED, That the House of Delegates instruct our delegates to the American Medical Association to request that the Joint Council to Improve the Health Care of the Aged explore with health insuring agencies the feasibility of offering an insurance contract for the aged to defray hospital, medical and surgical costs, said insurance contract to include a provision by which the insured will have paid up all premiums upon reaching the age of 65.

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee that amended Resolution No. 2 be adopted was approved.

Resolution No. 3

Resolution No. 3, introduced by Dr. Fred R. Kelly, Cleveland, read as follows:

WHEREAS, The laws of the state of Ohio declare specifically that it is unlawful for any persons not certified by the Division of Social Administration, Department of Public Welfare, in any manner knowingly to become a party to the separation of a child from its parent except through a Juvenile Court commitment, and

WHEREAS, Regardless of motive, participation of a physician in the placement of a child for the purpose of adoption is a violation of these laws, and

WHEREAS, The violation of any law, regardless of motive, is contrary to the ethics of any profession enjoying the respect of the community, and

WHEREAS, The public expects members of the medical profession to handle matters of ethical conduct for themselves, and

WHEREAS, The adoption of a child involves the rights and best interest of three parties: the child, the natural parents, and the adopting parents, and requires not only medical but legal and social service to avoid jeopardizing the interests of the three parties, and

WHEREAS, The function of the doctor should be limited to prenatal care, delivery, post-partal care of the mother and medical care of the child and should not include either finding a home for the child, relieving a mother of the responsibility of a child, or satisfying the desires of a childless couple, and

WHEREAS, Every county of Ohio now has legally constituted agencies for the placement of infants for adoption

BE IT THEREFORE RESOLVED, That the Ohio State Medical Association consider it unethical for a physician to participate knowingly in the placement of an infant for adoption except in the manner prescribed by law, namely through persons, associations, or institutions certified by the Department of Public Welfare for that purpose.

Action on Resolution No. 3

The report of Resolutions Committee No. 2 on Resolution No. 3 was as follows:

"Resolution No. 3 relating to adoptions was discussed by many attending the Reference Committee hearings. Based on the testimony presented, the committee formulated an amended resolution which reads as follows, and which the committee recommends be adopted."

Amended Resolution No. 3

WHEREAS, The laws of Ohio provide a well-defined procedure for the legal placement and adoption of children,

BE IT THEREFORE RESOLVED, (1) That the Ohio State Medical Association encourage all its members to familiarize themselves with the laws of Ohio governing, and with the State agencies responsible for, the legal placement and adoption of children; (2) That all County Medical Societies be urged to scrutinize carefully any practice by a physician which may lead to the placement or adoption of any child; (3) That individual physicians acquaint their patients, who may be interested in the matter of adoption, that there is a well-established legal procedure governing placement and adoption.

On motion by Dr. Budd, seconded and carried, the recommendation of the committee that amended Resolution No. 3 be adopted was approved.

Resolutions on Social Security

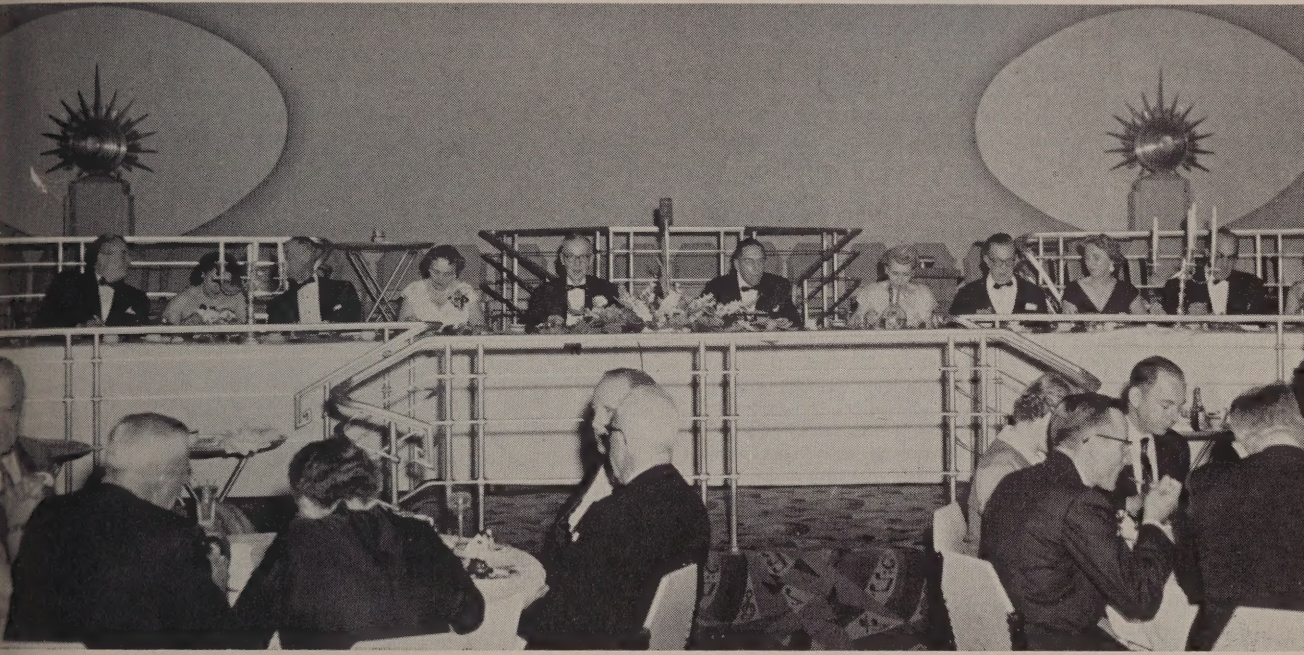
Three resolutions dealing with Social Security coverage for physicians were introduced—Resolution No. 4, Resolution No. 7, and Resolution No. 18—as follows:

Resolution No. 4

Resolution No. 4, introduced by Dr. Drew J. Arnold, Columbus, read as follows:

WHEREAS, The issue of Federal Social Security for Doctors of Medicine is currently under active consideration and

WHEREAS, There is a widespread lack of understand-



THREE FACETS OF THE ANNUAL MEETING

Three Phases of the Annual Meeting Activities Are Shown.
Top Photo: A view in the Pavillon while one of the scientific programs was in progress.
Middle Photo: A scene during the Annual Banquet, showing some of those at the speakers' table.
Bottom Photo: The first session of the House of Delegates, showing Dr. Martin giving the Presidential Address.

ing among members of the profession as to the actual implications of inclusion and

WHEREAS, Further educational efforts should be carried out to familiarize the profession at large with the serious flaws in the plan as relates to inclusion of physicians and

WHEREAS, Acquiesence to inclusion is not only irrevocable forever but will remove one of the last important barriers to the socialization of the medical profession

THEREFORE BE IT RESOLVED, That this House of Delegates of the Ohio State Medical Association in convention assembled this seventeenth day of April reaffirm the previous action of the Ohio State Medical Association opposing the inclusion of Doctors of Medicine in Social Security, commend similar action by the House of Delegates of the AMA and recommend to the President of the OSMA that prompt and vigorous measures be instituted for familiarizing the membership with the danger to the profession of such inclusion and with the financial unsoundness of the plan.

Resolution No. 7

Resolution No. 7, introduced by Dr. Neil Millikin, Hamilton, read as follows:

WHEREAS, The Butler County Medical Society voted, by secret ballot, April 1957, in favor of coverage for self-employed physicians under the existing Social Security Act (Federal Insurance Contributions Act) by a vote of 90 to 36, and

WHEREAS, Impartial surveys and analysis have indicated that such coverage offers many of our profession a desirable addition to their present Insurance and Retirement programs at a disproportionately low cost, and

WHEREAS, A substantial number of Ohio physicians are, by reason of present or past employment, already enjoying the benefits of Social Security coverage, and

WHEREAS, There is evidence of a change of sentiment by the medical profession towards social security coverage, and

WHEREAS, Some now feel that the advantages of such coverage outweigh the disadvantages, and

WHEREAS, It is felt necessary to maintain an accurate and uptodate expression of the desires of Ohio physicians,

THEREFORE BE IT RESOLVED, That the Ohio State Medical Association conduct frequent polls of its membership on the question of Social Security coverage and that the results of such efforts be communicated to the membership and the American Medical Association.

Resolution No. 18

Resolution No. 18, introduced by Dr. John J. Grady, Cleveland, read as follows:

WHEREAS, A majority of the physicians in Cuyahoga County have expressed a desire to be included in the Social Security program, and

WHEREAS, The Ohio State Medical Association and the American Medical Association have been on record as opposing such a move,

THEREFORE BE IT RESOLVED, That (1) the House of Delegates of the Ohio State Medical Association be polled on this question, and (2) the results of this poll indicating the number of votes in favor of and opposed to the inclusion of physicians in the Social Security program be made a matter of record and transmitted to the Board of Trustees of the American Medical Association and to the Ways and Means Committee of the United States House of Representatives.

Action on Social Security Resolutions

The report of Resolutions Committee No. 2 on the Social Security resolutions was as follows:

"After prolonged hearing and based on the testimony presented by those interested in these resolutions, the committee presents to the House of Delegates for consideration, a composite Substitute Resolution No. 4 which reads as follows:"

Substitute Resolution No. 4

WHEREAS, The inclusion of doctors of medicine in the Federal Social Security program is currently under consideration, and

WHEREAS, The Ohio State Medical Association and the American Medical Association are now on record as opposing the inclusion of physicians in the Social Security program, and

WHEREAS, A considerable number of physicians in Ohio have expressed a desire to be included in the Social Security program, and

WHEREAS, It is desirable to ascertain the current sentiment of all members of the Ohio State Medical Association on this question,

THEREFORE BE IT RESOLVED, That (1) the individual members of the Ohio State Medical Association be polled by the Association on the question as to whether they favor or oppose the inclusion of physicians in the Federal Social Security program, and (2) the results of this poll showing the number of votes in favor of and in opposition to such inclusion be made a matter of record and transmitted to the House of Delegates of the American Medical Association, and

BE IT FURTHER RESOLVED, That such poll be conducted prior to the 1958 interim session of the American Medical Association so that the results of such poll can be submitted to the House of Delegates of the American Medical Association at said meeting.

On motion by Dr. Budd, seconded and carried, the recommendation of the committee that Substitute Resolution No. 4 be approved was adopted.

Resolution No. 5

Resolution No. 5, introduced by Dr. Robert M. Inglis, Columbus, read as follows:

WHEREAS, The Ohio State Medical Association has for several years endorsed the Essay Contest for High School Students, of the Association of American Physicians and Surgeons (Titles: The Advantages of Private Medical Care or The Advantages of The American System of Free Enterprise) and

WHEREAS, The need for such a contest seems to increase each year and

WHEREAS, This contest has received increasing sponsorship throughout Ohio by the Auxiliaries of the County Medical Societies and

WHEREAS, Such approval by the House of Delegates of the Ohio State Medical Association is essential to the continuing sponsorship by the State and local auxiliaries

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Ohio State Medical Association for 1958 go on record as approving this contest and recommending it to the Woman's Auxiliary for sponsorship.

Action on Resolution No. 5

The report of Resolutions Committee No. 1 on Resolution No. 5 was as follows:

"Resolution No. 5 endorses the essay contest of the Association of American Physicians and Surgeons. The committee recommends that Resolution No. 5 be adopted as presented."

On motion by Dr. Yantes, seconded and

carried, the recommendation of the committee endorsing Resolution No. 5 was approved.

Resolution No. 6

Resolution No. 6, introduced by Dr. John R. Seesholtz, Canton, read as follows:

WHEREAS, The Ohio State Medical Society's delegates have attempted to bring about the passage of Resolution 20 of American Medical Association, as directed by the Ohio State Medical Association

WHEREAS, The establishment of a National Medical Research Foundation by the American Medical Association has been accomplished

WHEREAS, the full passage of Resolution 20 will be necessary to make the American Medical Association Research Foundation everything the Ohio State Medical Association resolution desired

THEREFORE BE IT RESOLVED, That the House of Delegates of the Ohio State Medical Association go on record as continuing to further the successful accomplishment and passage of Resolution 20 by the House of Delegates of the American Medical Association.

Action on Resolution No. 6

The report of Resolutions Committee No. 2 on Resolution No. 6 was as follows:

"Many appeared before our committee to discuss Resolution No. 6 pertaining to the National Medical Research Foundation of the American Medical Association. After hearing the debate and listening to testimony, the committee drafted a substitute resolution reading as follows, and which the committee recommends be adopted by this House of Delegates."

Substitute Resolution No. 6

WHEREAS, The establishment of a National Medical Research Foundation by the American Medical Association has been accomplished,

THEREFORE BE IT RESOLVED, That the House of Delegates of the Ohio State Medical Association go on record as continuing the support of this Foundation.

On motion by Dr. Budd, seconded and carried, the recommendation of the committee approving Substitute Resolution No. 6 was adopted.

Resolution No. 8

Resolution No. 8, introduced by Dr. James D. Phinney, Cincinnati, read as follows:

WHEREAS, The present Constitution and Bylaws of the Ohio State Medical Association, Chapter II, Section I, specify that a Doctor of Medicine must be retired from the active practice of medicine to be eligible for exemption of annual dues, and

WHEREAS, It is felt that a member in good standing of this Society, who has attained the age of seventy (70) years, should be eligible for exemption from the annual dues of this Society regardless as to whether or not he is engaged in the active practice of medicine,

THEREFORE BE IT RESOLVED, That Chapter II, Section I, of the Bylaws of the Ohio State Medical Association be amended by the insertion of a third paragraph to read as follows:

> "Provided also that a Doctor of Medicine who is a member in good standing of this Association, at the time of his attainment of the age of seventy (70) years, shall be exempt from the payment of dues and assessments in this Association, provided he requests such exemption and such request is approved, in writing, by the Secretary-Treasurer of his component Society."

Action on Resolution No. 8

The report of Resolutions Committee No. 2 on Resolution No. 8 was as follows:

"Factual information with respect to the possible effect of Resolution No. 8, should it be adopted, was obtained by the committee from officials of the State Association. After evaluating this evidence the committee recommends that Resolution No. 8 not be adopted for the following reasons:

"1. The By-Laws now provide that doctors retired from practice because of age, or because of disability regardless of age, may continue as members of the Ohio State Medical Association without the payment of annual dues.

"2. Statistics presented to the committee indicate that between 800 and 1,000 members 70 years of age or over are in active practice and would be eligible for this exemption, which would mean a loss of income to the Association of approximately $20,000 to $25,000 per year.

"3. That this loss of income would impair the functions of the Association or would require an increase in the annual dues."

On motion by Dr. Budd, seconded and carried, the recommendation of the committee that Resolution No. 8 should not be approved was adopted.

Resolution No. 9

Resolution No. 9, introduced by Dr. Richard B. Homan, Cincinnati, read as follows:

WHEREAS, The Division of Aid For The Aged, Department of Public Welfare, is experiencing difficulty in administering its medical program, and

WHEREAS, This program has received widespread criticism, and

WHEREAS, The medical profession is desirous of assisting this agency of the State of Ohio to function in an efficient manner,

THEREFORE BE IT RESOLVED, That the Ohio State Medical Association offer the services of a committee to deliberate with the Division of Aid For The Aged, Department of Welfare of the State of Ohio, and to propose the formation of a sound, equitable, and workable program, including a recommendation for the adoption of an adequate medical fee schedule.

Action on Resolution No. 9

The report of Resolutions Committee No. 1 on Resolution No. 9 was as follows:

"Resolution No. 9 on the Ohio Aid for the Aged Program was approved with slight modifications. It was pointed out that the Committee on Medical Services of the Ohio State Medical Association is at work on this problem and

is planning to continue its good work, pointing toward the next session of the Ohio Legislature."

Amended Resolution No. 9

WHEREAS, The Division of Aid for the aged, Department of Public Welfare is experiencing difficulty in administering its medical program, and

WHEREAS, This program has received widespread criticism, and

WHEREAS, The medical profession is desirous of assisting this agency of the State of Ohio to function in an efficient manner.

THEREFORE, BE IT RESOLVED, That the Ohio State Medical Association offer the services of a committee to deliberate with the Division of Aid for the Aged, Department of Welfare of the State of Ohio, and to propose the formation of a sound, equitable, and workable program.

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee endorsing Amended Resolution No. 9 was approved.

Resolution No. 10

Resolution No. 10, introduced by Dr. Daniel V. Jones, Cincinnati, read as follows:

WHEREAS, The Ohio State Medical Association deemed it necessary to adopt and promulgate a policy regarding the determination of the ethical status of physicians participating in third party medical plans, and

WHEREAS, Local county medical societies may be compelled to use the policy presented before governmental agencies and courts of law, and

WHEREAS, The general principle of free choice of a physician by a patient has been upheld by the Ohio State Medical Association and the American Medical Association,

THEREFORE BE IT RESOLVED, That the words "a reasonable degree of" be deleted from conclusions and recommendations on page 12, paragraph 2 (e), of the Statement of Policy, thereby causing paragraph 2 (e) to read "Deny to the members of the community in which the physician practices, free choice of a physician or physicians."

Action on Resolution No. 10

The report of Resolutions Committee No. 1 on Resolution No. 10 was as follows:

"Resolution No. 10, concerning free choice of physician, was discussed at considerable length. It was pointed out that the wording of the Council's statement of policy on third party medical care plans corresponds with the American Medical Association policy adopted in 1927 and which has been upheld in many instances since that time. The committee felt that a change in the wording of the Ohio State Medical Association policy statement as suggested by the resolution would produce a rule which probably would be unenforceable and would tend to make commonplace and acceptable situations unethical. Therefore, it was the opinion of your committee that at this time there should be no change in the policy statement of the Ohio State Medical Association in order to avoid a conflict with the American Medical Association policy as set forth by the Judicial Council of the A. M. A. and carrying the official approval of the House of Delegates of the A. M. A.

"For these reasons your committee recommends that Resolution No. 10 not be adopted."

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee that Resolution No. 10 not be approved was adopted.

Resolution No. 11

Resolution No. 11, introduced by Dr. J. Harold Kotte, Cincinnati, read as follows:

RESOLVED, That the Ohio State Medical Association indicates its approval of the Cornell Research Crash Program as it has been accepted by the Department of Highway Safety and the Ohio State Patrol of the State of Ohio, and approved by the Ohio Committee on Trauma of the American College of Surgeons.

Action on Resolution No.11

The report of Resolutions Committee No. 1 on Resolution No. 11 was as follows:

"Resolution No. 11 pertains to the Automotive Crash Injury Research Project of the Department of Public Health and Preventive Medicine of the Cornell University Medical School, New York.

"The committee favors the resolution and suggests the adoption of a second paragraph. The resolution, as amended, would read as follows:"

Amended Resolution No. 11

RESOLVED, That the Ohio State Medical Association indicates its approval of the Automotive Crash Injury Research Project of the Department of Public Health and Preventive Medicine of the Cornell University Medical School, New York, New York, as it has been accepted by the Ohio Department of Highway Safety and the Ohio State Patrol of the State of Ohio, and approved by the Ohio Committee on Trauma of the American College of Surgeons.

BE IT FURTHER RESOLVED, That the President appoint a special committee to implement the work of the above-named organizations and to further the traffic safety program of the State of Ohio.

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee endorsing Amended Resolution No. 11 was approved.

Resolution No. 12

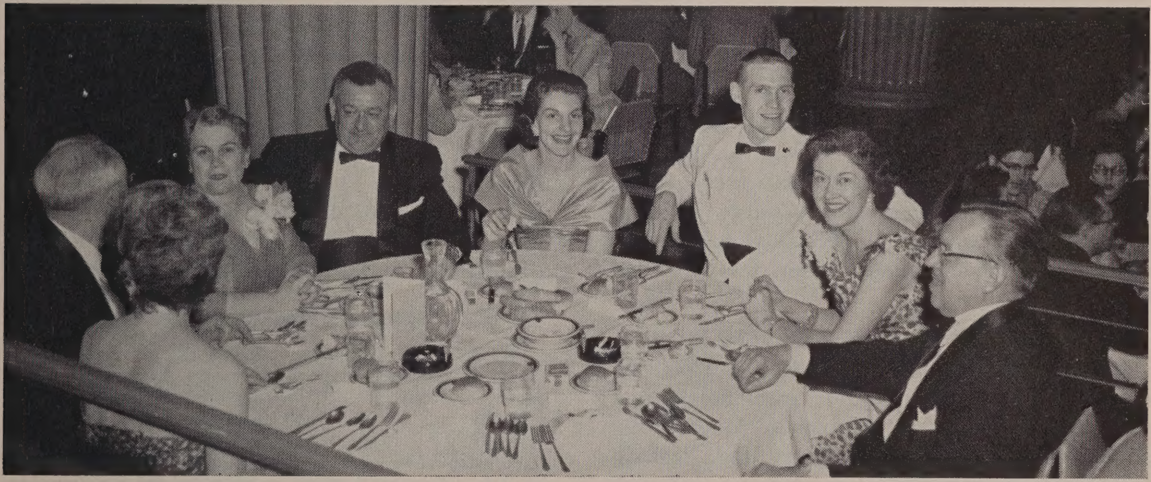
Resolution No. 12, introduced by Dr. W. R. Agricola, Newcomerstown, read as follows:

WHEREAS, There has arisen a problem to the physicians of Ohio relative to their status in regards to payment for their services to certain individuals covered by third-party payment plans and,

WHEREAS, The principle of indemnity payments has been repeatedly endorsed by the House of Delegates of the Ohio State Medical Association and the Council of the Ohio State Medical Association and,

WHEREAS, The House of Delegates of the Ohio State Medical Association by action at the Annual Meeting in 1956 affirmed that it was not the province of a third-

COUNCILORS AND GUESTS AT THE BANQUET



Above are three groups at the Banquet, Showing Councilors, Past-Presidents and distinguished guests.

party to qualify any physician as to his ability or professional standing and,

WHEREAS, Certain third-party groups, notably the Welfare and Retirement Fund of the United Mineworkers of America, have restricted their payments to individuals and hospitals selected by the third-party without the recipient of the services having any voice in such selection and,

WHEREAS, Such action as detailed in the paragraph next above prohibits many qualified physicians and hospitals from rendering care to individuals entitled to care under such plans and, more importantly, tends to lower the quality and availability of medical care to which such individuals are entitled,

THEREFORE BE IT RESOLVED, That this House of Delegates suggest that a plan be evolved whereby the third-party deal directly with the recipient of any benefits and that the beneficiary deal directly with the physician or hospital involved and,

That such a plan be effective for any legally licensed physician in Ohio and any hospital accredited by the Joint Commission on Accreditation of Hospitals and,

That a copy of this resolution be sent to Dr. Warren Draper, Administrator of the Welfare and Retirement Fund of the United Mineworkers of America, with a request that he consider it and make reply and comments to our President, Dr. George Woodhouse, 79 East State St., Columbus, Ohio.

Action on Resolution No. 12

The report of Resolution Committee No. 1 on Resolution No. 12 was as follows:

"The committee, in considering Resolution No. 12 on the United Mine Worker Medical Care program and similar third party plans, presented by the Coshocton County Medical Society, accepted the five "Whereas" paragraphs as written. The resolved section was amended to read as follows:

"THEREFORE, BE IT RESOLVED, That this House of Delegates suggests that a plan be evolved by a joint committee from the United Mine Workers and the Ohio State Medical Association whereby the third party shall deal directly with the recipient of any benefits and such recipient shall deal directly with the physician involved; that such a plan be effective for any legally licensed physician in Ohio; and that a copy of this resolution be sent to Dr. Warren Draper, Administrator of the Welfare and Retirement Fund of the United Mineworkers of America, with a request that he consider it and make reply and comments to our President, Dr. George Woodhouse, 79 East State St., Columbus, Ohio."

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee supporting Amended Resolution No. 12 was approved.

Resolution No. 13

Resolution No. 13, introduced by Dr. Lynne E. Baker, Dayton, read as follows:

WHEREAS, The 250,000 potentially toxic, brand name chemical products, available for farm, home and industrial use, result annually in over 125,000 accidental poisonings, more than 1,000 of which are fatal; and

WHEREAS, Many of the larger metropolitan areas have established and successfully demonstrated the value of Poison Control Centers in reducing the toll from accidental poisonings; and

WHEREAS, Their high cost prohibits the establishment of adequate Poison Control Centers in all but the large metropolitan areas; therefore,

RESOLVED, That the Ohio State Medical Association Council be instructed to appoint a Poison Control Committee whose functions shall include:

(1) A study to determine the feasibility of a single, Central Poison Control Center for Ohio to provide (a) authorized persons and institutions in all of Ohio's 88 counties with information on poisons and poisonings not available locally, such information to be made available by telephone on a 24-hour-a-day basis, (b) assistance to such persons and institutions in setting up adequate local facilities for treatment of poison cases and in keeping up-to-date information files on the more common poisons;

(2) Initiation of a state-wide educational program on prevention of accidental poisoning;

(3) Recommending of legislation for accurate and uniform labeling;

(4) Establishing liaison with hospitals and pharmaceutical associations, drug manufacturers, safety councils, health departments and other government agencies in order to develop support, financial and otherwise, for a comprehensive, state-wide poison control program.

Action on Resolution No.13

The report of Resolutions Committee No. 2 on Resolution No. 13 was as follows:

"The committee believes that the intent of Resolution No. 13 on the subject of poison controls is commendable. After listening to testimony on this proposal, the committee drafted a substitute resolution reading as follows:"

Substitute Resolution No. 13

WHEREAS, The many thousands of brand name chemical products available for farm, home and industrial use, result in many accidental poisonings, a considerable number of which are fatal, and

WHEREAS, Many of the larger metropolitan areas have established and successfully demonstrated the value of Poison Control Centers in reducing the toll from accidental poisonings; and

WHEREAS, The high cost of establishing and maintaining adequate poison control centers prohibits this activity in any but the large metropolitan areas,

THEREFORE BE IT RESOLVED, That the Council of the Ohio State Medical Association appoint a Poison Control Committee whose functions shall include:

(1) The formulation of plans for the establishment of a single Central Poison Control Center for Ohio which shall provide authorized persons and institutions in all of Ohio's 88 counties with information, not available locally, on poison and poisonings, such information to be made available by telephone on a 24-hour-a day basis.

(2) The initiation of a state-wide educational program on prevention of accidental poisoning.

(3) A study of the need for additional legislation in Ohio for accurate and uniform labeling of products as to content, etc.

(4) The securing of cooperation of hospital and pharmaceutical associations, drug manufacturers, safety councils, health departments and other interested groups in order to develop support for a comprehensive, statewide poison control program.

On motion by Dr. Budd, seconded and carried, the recommendation of the Committee en-

dorsing Substitute Resolution No. 13 was approved.

Resolution No. 14

Resolution No. 14, introduced by Dr. B. C. Diefenbach, Martins Ferry, read as follows:

WHEREAS: 1. Ohio State University is a tax supported institution.

2. Members of the United Mine Workers union are covered by full medical insurance even for office visits to specialists.

3. There are numerous tax supported welfare organizations in the state, where medical services are paid by direct taxation, that could furnish charity patients for residency training.

THEREFORE, BE IT RESOLVED:

1. That the Ohio State Medical Association goes on record as opposing free, or reduced rate charges, to members of the United Mine Workers in the ophthalmology department of Ohio State University.

2. That the council be instructed to take whatever steps are necessary to see that this condition is changed so that the taxpayer's money is not being used needlessly and to see that this does not happen again in any form in any state supported institution.

Action on Resolution No. 14

The report of Resolutions Committee No. 1 on Resolution No. 14 was as follows:

"Resolution No. 14 pertains to reduced fees for United Mine Worker patients receiving services at the Ohio State University Health Center. The committee felt that even though the situation which inspired this resolution has in most part been resolved, that the intent of the resolution, for future instances of this kind, should be published and endorsed. Resolution No. 14 after much discussion, was rewritten to read as follows:"

Amended Resolution No. 14

WHEREAS, There are numerous tax supported welfare organizations in the state where medical services are paid by direct taxation.

THEREFORE, BE IT RESOLVED, That all health insurance carried by or for the patient be considered by all tax-supported institutions in evaluating the means test for medical or hospital care provided through the facilities of such tax-supported institutions.

Dr. Yantes moved the adoption of Resolution No. 14, as amended by the committee. This motion was seconded. Following a discussion Dr. Thomas D. Kinney, Cleveland, moved that the report of the committee on Resolution No. 14 and the resolution be laid on the table. This motion was seconded. The motion to table lost. The House of Delegates then, by official vote, approved Amended Resolution No. 14.

Resolution No. 15

Resolution No. 15, introduced by Dr. B. C. Diefenbach, Martins Ferry, read as follows:

WHEREAS, Each county medical society is a component part of the parent Ohio State Medical Association and should receive aid and support from this parent organization.

THEREFORE, BE IT RESOLVED, That at any time any county society's action is appealed to the Ohio State Medical Association or that action is challenged as being illegal it shall be mandatory for the state officers to notify the county society so charged immediately.

Action on Resolution No. 15

The report of Resolutions Committee No. 1 on Resolution No. 15 was as follows:

"The committee approved the acceptance of Resolution No. 15, which requests that the officers of the Ohio State Medical Association shall promptly notify a county medical society concerning any appeal or similar communication which may be filed with the State Association, challenging the legality of any action taken by such county society."

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee endorsing Resolution No. 15 was approved.

Resolution No. 16

Resolution No. 16, introduced by Dr. John A. Carter, Middletown, read as follows:

WHEREAS, The Board of Health of a General Health District in the State of Ohio is a legislative body with powers to spend public funds and to adopt regulations binding upon all the citizens of the district, and

WHEREAS, The revised Code of the State of Ohio places responsibility for the election of Health Board members in the hands of township trustees and mayors of villages, who do not necessarily possess the technical and professional qualifications necessary for supervising matters of public health, or selecting competent members for a Board of Health, and

WHEREAS, Only one member of the Board of Health is required to be a physician, and the other four members are not required to possess any qualifications beyond that of citizenship, and

WHEREAS, The Butler County Medical Society on January 22, 1958 passed a resolution urging modification of the Hughes-Griswold Act to provide for selection of qualified members of the County Board of Health,

THEREFORE BE IT RESOLVED, That Council of the Ohio State Medical Association be requested to submit recommendations to the Legislature of the State of Ohio which will abolish the present Advisory Council and rescind other relative sections of the Revised Code of the State of Ohio which places the control of the election of Health Board members in the hands of village mayors and township trustees.

BE IT FURTHER RESOLVED, That legislative measures be enacted into law that would authorize independent esablishment of Boards of Health with specific requirements for the technical and professional qualifications of members who are required to deal with matters of public health.

Action on Resolution No. 16

The report of Resolutions Committee No. 1 on Resolution No. 16 was as follows:

"The committee was in sympathy with the intent of Resolution No. 16. However, inasmuch as the resolution involves many intricate problems, including legal, legislative and political matters, the committee believes the resolution

should be carefully studied before steps are suggested for carrying out its provisions. Therefore, the committee recommends that Resolution No. 16 be referred to The Council of the Ohio State Medical Association for study and action."

On motion by Dr. Yantes, seconded and carried, the recommendation of the committee with regard to Resolution No. 16 was approved.

Resolution No. 17

Resolution No. 17, introduced by Roger A. Peatee, Bowling Green, read as follows:

WHEREAS, In order to produce, process and preserve foodstuffs for human consumption, it is necessary to bring into the State of Ohio migrant laborers; and

WHEREAS, These people do not reside in the State of Ohio or the various counties of the state long enough to become legal residents; and

WHEREAS, They need, from time to time, medical care rendered by physicians and hospitals of Ohio; and

WHEREAS, They often do not, on their own volition, reimburse the said physicians or hospitals for medical care,

BE IT RESOLVED, That by law, all migrant laborers and their dependents be insured to cover the cost of medical care while in the State of Ohio; and

BE IT FURTHER RESOLVED, That all employers of migrant labor be required by law to ascertain that such insurance is available, in lieu thereof, be responsible for all medical care of migrant laborers and their dependents; and that every possible means be used to make this the law of the State of Ohio.

Action on Resolution No. 17

The report of Resolutions Committee No. 2 on Resolution No. 17 was as follows:

"After hearing evidence on this resolution relating to migrant laborers, the committee is in agreement that a problem exists and that efforts should be made to try to find a solution. However, because of the many questions involved in setting up a proper program, the committee felt that the matter should be studied thoroughly. For that reason, the committee recommends that the resolution be referred to The Council for appropriate study and prompt action."

On motion by Dr. Budd, seconded and carried, the recommendation of the committee with respect to Resolution No. 17 was approved.

Resolution No. 19

Resolution No. 19, introduced by Dr. Asher Randell, Youngstown, read as follows:

WHEREAS, There is no established state-wide physicians welfare fund, and

WHEREAS, There is no established state-wide low cost program offering retirement income to physicians, and

WHEREAS, There is a definite need for the establishment of such a program in order to provide senior physicians and their families with security sufficient to preclude the reduction of their standard of living, beyond reason.

THEREFORE BE IT RESOLVED, That the Ohio State Medical Association appoint or charge an already appointed committee to formulate a workable plan providing for a physician welfare fund and a retirement income program for members of the Ohio State Medical Association. This plan should emphasize a state-wide physician participation at a low cost basis. All avenues of conservative investment should be explored including group life insurance, variable annuities, and mutual fund shares. A voluntary plan should be set up, compulsory to a degree, in order to enforce savings for the development of a welfare fund and a retirement income program. It would operate under the auspices of the Ohio State Medical Association. Also, that the committee investigate the feasibility of the Ohio State Medical Association underwriting, as an agent, such a program. That consideration be given to the possibility of incorporating the cost of the program into the regular state membership dues. That the state membership dues be appropriately increased to cover the cost of this savings plan, and if necessary, dues to the Ohio State Medical Association be paid on a monthly basis in order to reduce the financial strain of such a program. That a study of the tax status of organizational dues paid to the Ohio State Medical Association be made including that part of the assessment placed in the welfare and retirement income fund.

Action on Resolution No. 19

The report of Resolutions Committee No. 2 on Resolution No. 19 was as follows:

"Because of the broad scope of the subject of Resolution 19 and the many problems which it entails, the committee recommends that this resolution be referred to The Council of the Ohio State Medical Association for study and report back at the next annual session of the House of Delegates."

On motion by Dr. Budd, seconded and carried, the recommendation of the committee with respect to Resolution No. 19 was approved.

Dr. Yantes and Dr. Budd thanked the members of their committees for their efficient work and for having given the resolutions such careful scrutiny. The House of Delegates approved these sentiments by prolonged applause. Members of the two reference committees on resolutions were:

Resolutions Committee No. 1—Edmond K. Yantes, Clinton County, chairman; Kenneth D. Arn, Montgomery County; Donald W. English, Allen County; Frank F. A. Rawling, Lucas County; Benjamin S. Park, Lake County; John A. Fraser, Columbiana County; B. C. Diefenbach, Belmont County; J. L. Kraker, Fairfield County; Keith R. Brandeberry, Gallia County; Philip B. Hardymon, Franklin County; N. P. Stauffer, Holmes County.

Resolutions Committee No. 2—John H. Budd, Cuyahoga County, chairman; Charles W. Hoyt, Hamilton County; Ray M. Turner, Clark County; Floyd M. Elliott, Hardin County; Thomas F. Tabler, Henry County; Asher Randell, Mahoning County; Joseph W. Hamilton, Tuscarawas County; A. C. Ormond, Muskingum County; George N.

Spears, Lawrence County; Robert E. Swank, Ross County; James T. Stephens, Lorain County.

Election of President-Elect

The House of Delegates then proceeded with the nomination and election of the president-elect.

Dr. Frank F. A. Rawling, Toledo, placed in nomination the name of Dr. Paul F. Orr, Perrysburg, currently serving as Councilor of the Fourth District, for the office of president-elect. The nomination was seconded by Dr. John H. Budd, Cleveland.

The name of Dr. Frank H. Mayfield, Cincinnati, currently serving as Councilor of the First District, was placed in nomination by Dr. Charles W. Hoyt, Cincinnati. The nomination was seconded by Dr. Kenneth D. Arn, Dayton.

There being no further nominations, on motion duly made, seconded and carried, the nominations were closed and the Committee on Tellers and Judges of Elections instructed to distribute ballots to members of the House of Delegates.

Following the tabulation of the ballots, Dr. George J. Schroer, Sidney, acting chairman of the committee, reported that the House of Delegates had voted as follows: Dr. Mayfield, 82 votes and Dr. Orr, 71 votes.

Dr. Martin declared Dr. Mayfield as having been elected to the office of president-elect. Dr. Mayfield was escorted to the rostrum and officially introduced to the House. He thanked the House of Delegates for the high honor and pledged his complete efforts on behalf of the Association during the succeeding three years while serving as president-elect, president and past-president.

Election of Councilors

The Committee on Nominations then reported, the report being presented by Dr. Harry K. Hines, Cincinnati, chairman of that committee.

The committee placed in nomination for members of The Council the following: **First District**—Dr. Charles W. Hoyt, Cincinnati, to succeed Dr. Frank H. Mayfield; **Third District**—Dr. Floyd M. Elliott, Ada, to succeed Dr. James R. Jarvis, Van Wert, who had served the constitutional limit of three consecutive terms on The Council and therefore, was ineligible for re-election; **Fifth District**—Dr. George W. Petznick, Cleveland; **Seventh District**—Dr. Robert E. Hopkins, Coshocton; **Ninth District**—Dr. Carter L. Pitcher, Portsmouth; **Eleventh District**—Dr. H. T. Pease, Wadsworth.

There being no nominations from the floor the nominations were closed and the secretary instructed to cast the unanimous ballot of the House of Delegates for Doctors Hoyt, Elliott, Petznick, Hopkins, Pitcher and Pease. This was done and the President declared them elected for a term of two years, 1958-1959 and 1959-1960.

Election of Treasurer

The committee placed in nomination for the office of Treasurer the name of Dr. Geo. J. Hamwi, Columbus, the incumbent.

There being no further nominations, on motion duly made, seconded and carried, the nominations were closed and the secretary was instructed to cast the unanimous ballot of the House of Delegates for Dr. Hamwi as treasurer for a term of three years—1958-1959, 1959-1960, 1960-1961. This was done and the President declared Dr. Hamwi elected.

Dr. George A. Woodhouse is shown addressing the House of Delegates as he assumed Presidency of the Association.

AMA Delegates and Alternates

Delegates and Alternates to the American Medical Association to serve for a term of two years beginning January 1, 1959, were nominated by the Committee on Nominations as follows:

Dr. Charles L. Hudson, Cleveland, delegate, and Dr. H. T. Pease, Wadsworth, alternate.

Dr. Carl A. Lincke, Carrollton, delegate, and Dr. Robert S. Martin, Zanesville, alternate.

Dr. George A. Woodhouse, Pleasant Hill, delegate, and Dr. R. Dean Dooley, Dayton, alternate.

Dr. Herbert B. Wright, Cleveland, delegate, and Dr. Fred W. Dixon, Cleveland, alternate.

There being no further nominations, on motion duly made and seconded, the nominations were closed and the secretary was instructed to

cast the unanimous ballot for the foregoing for the office of delegate and the office of alternate to the American Medical Association for two-year terms starting January 1, 1959.

The Nominating Committee also placed in nomination the name of Dr. H. T. Pease, Wadsworth, as an alternate delegate to the A. M. A. to serve the unexpired term of the late Dr. C. E. Hufford, Toledo, ending December 31, 1958.

There being no further nominations, on motion duly made, seconded and carried, the nominations were closed and the secretary was instructed to cast the unanimous ballot of the House of Delegates for Dr. Pease as alternate delegate to serve the unexpired term of the late Dr. Hufford, ending December 31, 1958.

Dr. Hines thanked the members of his committee for their cooperation and assistance. Members of the committee were: Harry K. Hines, Cincinnati, chairman; George J. Schroer, Sidney; George H. McIllroy, Celina; Frank F. A. Rawling, Toledo; Harry A. Haller, Cleveland; Carl C. Nohe, Akron; B. C. Diefenbach, Martins Ferry; James A. L. Toland, Cambridge; W. M. Singleton, West Portsmouth; Robert E. Swank, Chillicothe; N. J. M. Klotz, Wadsworth.

New Officers Installed

Dr. Martin then asked all of the officers, councilors and A. M. A. delegates and alternates to the rostrum. He installed them into office.

Following this Dr. Martin presented the official gavel of the Association to the incoming President, Dr. George A. Woodhouse. Dr. Woodhouse accepted the gavel and presented Dr. Martin with the official gold past-president's button.

Dr. Woodhouse then addressed the House of Delegates briefly, outlining some of the major questions which would have to be considered during the coming year. He requested the cooperation and assistance of the House of Delegates as well as all of the officers, councilors and committeemen of the State Association and the officers and committeemen of the county medical societies.

Committee Appointments

The following standing committee appointments were made by Dr. Woodhouse and officially confirmed by the House of Delegates:

Committee on Education—Dr. Charles S. Higley, Shaker Heights, reappointed for a term of five years. Dr. Thomas Rardin, Columbus, appointed a member of the committee for the years 1958-1959, 1959-1960, 1960-1961, filling the unexpired term of Dr. John A. Prior, Columbus, and to serve as chairman for the ensuing year.

Judicial and Professional Relations Committee—Dr. Frank F. A. Rawling, Toledo, reappointed for a term of five years. Dr. Daniel E. Earley, Cincinnati, a member of the committee, to serve as chairman for the ensuing year.

Committee on Public Relations and Economics—Dr. John H. Budd, Cleveland, reappointed for a term of five years. Dr. Frederick P. Osgood, Toledo, a member of the committee, to serve as chairman for the ensuing year.

Committee on Scientific Work—Dr. Benjamin Felson, Cincinnati, for a term of one year; Dr. Miner W. Seymour, Columbus, for a term of two years; Dr. Ralph K. Ramsayer, Canton, for a term of three years; Dr. Jay Jacoby, Columbus, and Dr. F. A. Simeone, Cleveland, each for a term of four years; Dr. Edwin Ellison, Columbus and Dr. I. Miller, Urbana, each for a term of five years. (Hold-over committee members are: Dr. A. Carlton Ernstene, Cleveland, who was designated chairman for the ensuing year; Dr. Maurice Schnitker, Toledo; and Dr. Maurice M. Kane, Greenville.)

New Business

Under the item of new business Dr. Charles Pavey, Columbus, presented the following motion which was **approved by official action:** That the Council be instructed to make available a minimum of six to eight pages in *The Ohio State Medical Journal* in each of three issues immediately prior to the poll on Social Security for presentation of arguments pro and con on this question.

Dr. Woodhouse stated that he desired to express his appreciation to the members of the Columbus office staff for their efficient work in planning for and carrying on the activities of the Annual Meeting. **His expression of appreciation was loudly applauded by the House of Delegates.**

Dr. George W. Petznick, Cleveland, then asked for recognition. He presented a motion expressing appreciation on behalf of the Ohio State Medical Association to all who had had any part in the annual meeting or preparing for it; to the physicians of Cincinnati and their wives for their courtesies; and to the press, radio, TV and hotels of Cincinnati for the part which they played in making this year's meeting so successful. **This motion was adopted unanimously by the House of Delegates.**

The House of Delegates was advised that the 1959 Annual Meeting would be held in Columbus the week of April 19 and the 1960 Annual Meeting would be held in Cleveland the week of May 15, such places and times having been selected by The Council.

There being no further business, the House of Delegates adjourned sine die.

Attest: CHARLES S. NELSON,
Executive Secretary

HOUSE OF DELEGATES ROLL CALL—1958 MEETING

County	Delegate	First Session	Second Session
	FIRST DISTRICT		
ADAMS	Richard L. Woodyard	Present	....
BROWN			
BUTLER	John A. Carter	Present	Present
	Neil Millikin	Present	Present
CLERMONT	Carl A. Minning	Present	Present
CLINTON	Edmond K. Yantes	Present	Present
HAMILTON	H. C. Beekley	Present	....
	Harry K. Hines	Present	Present
	Richard B. Homan	Present	Present
	R. E. Howard	Present	....
	Charles W. Hoyt	Present	Present
	J. Robert Hudson	....	Present
	Daniel V. Jones	Present	Present
	J. Harold Kotte	Present	Present
	Robert D. Mansfield	Present	....
	James D. Phinney	Present	Present
	Virgil A. Plessinger	Present	....
	Thomas J. Radley	Present	Present
	Stuart A. Schloss	....	Present
	Robert M. Sherman	Present	Present
	H. C. Shirkey	....	Present
	Clayton R. Sikes, Jr.	....	Present
HIGHLAND	J. Martin Byers	Present	Present
WARREN	O. L. Layman	Present	Present
	SECOND DISTRICT		
CHAMPAIGN	Isador Miller	Present	Present
CLARK	John M. Summers	Present	Present
	Ray M. Turner	Present	Present
DARKE	Maurice M. Kane	Present	Present
GREENE	Paul D. Espey	Present	Present
MIAMI	Dale A. Hudson	Present	Present
MONTGOMERY	Kenneth D. Arn	Present	Present
	Lynne E. Baker	Present	Present
	John R. Brown	Present	....
	H. R. Cammerer	Present	Present
	Theodore L. Light	Present	....
	G. L. Parkin	....	Present
	M. D. Prugh	....	Present
PREBLE	C. J. Brian	Present	....
SHELBY	George J. Schroer	Present	Present
	THIRD DISTRICT		
ALLEN	Fred P. Berlin	Present	Present
AUGLAIZE	Elizabeth Y. Kuffner	Present	Present
CRAWFORD	Carl J. Ide	....	Present
HANCOCK	Harold K. Treece	Present	Present
HARDIN	Floyd M. Elliott	Present	Present
LOGAN	H. L. Mikesell	....	Present
MARION	John T. Boxwell	....	Present
	Thomas N. Quilter	Present	....
MERCER	George H. McIllroy	Present	Present
SENECA	Walter A. Daniel	Present	....
VAN WERT	Edwin Wm. Burnes	Present	Present
WYANDOT	T. R. Huston	Present	....
	Allen F. Murphy	....	Present
	FOURTH DISTRICT		
DEFIANCE	William S. Busteed	Present	Present
FULTON	Benjamin Reed	Present	Present
HENRY	Thomas F. Tabler	Present	Present
LUCAS	Henry D. Cook	Present	....
	Edmond F. Glow	....	Present
	J. Lester Kobacker	Present	Present
	A. J. Kuehn	Present	Present
	Edward F. Ockuly	Present	Present
	Frank F. A. Rawling	Present	Present
	Howard E. Smith	Present	Present
OTTAWA	George A. Boon	Present	Present
PAULDING	D. E. Farling	Present	Present
PUTNAM	Milo B. Rice	....	Present
SANDUSKY			
WILLIAMS	John R. Riesen	Present	Present
WOOD	Roger Peatee	Present	Present
	FIFTH DISTRICT		
ASHTABULA	S. A. Burroughs	Present	Present
CUYAHOGA	James O. Barr	Present	Present
	Joseph L. Bilton	Present	Present
	G. H. Brown	Present	Present
	F. L. Browning	Present	Present
	John H. Budd	Present	Present
	C. A. Colombi	Present	Present
	Eduard Eichner	....	Present
	Eugene A. Ferreri	Present	Present
	John J. Grady	Present	Present
	Harry A. Haller	Present	....
	J. B. Hazard	Present	Present
	H. D. Iler	Present	Present
	C. R. Jablonoski	Present	....
	Fred R. Kelly	Present	Present
	John A. Kenney, Jr.	Present	Present
	Thomas D. Kinney	....	Present
	Paul A. Mielcarek	Present	Present
	Philip J. Robecheck	Present	Present
	Paul J. Schildt	Present	Present
	A. B. Schneider	Present	Present
	Leo H. Simoson	Present	Present
	Edwin L. Smith	Present	Present
GEAUGA			
LAKE	Benjamin S. Park	Present	Present
	SIXTH DISTRICT		
COLUMBIANA	John A. Fraser	Present	Present
MAHONING	Paul J. Mahar	Present	Present
	H. P. McGregor	Present	Present
	Asher Randell	Present	Present
	Craig C. Wales	....	Present
PORTAGE	Myron W. Thomas	Present	Present
STARK	Mark G. Herbst	Present	Present
	John R. Seesholtz	Present	Present
	J. B. Walker	Present	Present
	William A. White, Jr.	Present	Present
SUMMIT	Joseph J. Eckert	Present	Present
	Harold E. Muller	Present	Present
	H. O. Musser	Present	Present
	C. C. Nohe	Present	Present
	Donald M. Traul	....	Present
TRUMBULL	E. G. Caskey	Present	Present
	Raymond Ralston	Present	Present
	SEVENTH DISTRICT		
BELMONT	B. C. Diefenbach	Present	Present
CARROLL	Glenn C. Dowell	Present	Present
COSHOCTON	W. R. Agricola	Present	Present
HARRISON			
JEFFERSON	S. L. Burkhardt	....	Present
MONROE			
TUSCARAWAS	Joseph W. Hamilton	Present	Present
	EIGHTH DISTRICT		
ATHENS	Eleanora Schmidt	Present	Present
FAIRFIELD	J. L. Kraker	Present	Present
GUERNSEY	James A. L. Toland	Present	Present
LICKING	Raymond G. Plummer	Present	Present
MORGAN	Henry Backman	....	Present
MUSKINGUM	J. Herbert Bain	....	Present
	A. C. Ormond	Present	....
NOBLE			
PERRY	Charles E. Bope	....	Present
WASHINGTON	Kenneth E. Bennett	Present	Present
	NINTH DISTRICT		
GALLIA	Keith R. Brandeberry	Present	Present
HOCKING			
JACKSON	C. C. Fitzpatrick	Present	Present
LAWRENCE	George N. Spears	Present	Present
MEIGS	Roger P. Daniels	Present	Present
PIKE	George W. Cooper	Present	Present
SCIOTO	W. M. Singleton	Present	Present
VINTON	H. D. Chamberlain	Present	Present
	TENTH DISTRICT		
DELAWARE	D. L. Smith	....	Present
FAYETTE	Thomis J. Hancock	Present	Present
FRANKLIN	Drew J. Arnold	Present	....
	Perry R. Ayres	....	Present
	William F. Bradley	Present	Present
	James C. Good	Present	Present
	Philip B. Hardymon	Present	Present
	Edward W. Harris	Present	Present
	Reuben B. Hoover	Present	Present
	Robert M. Inglis	Present	....
	Charles W. Pavey	....	Present
	Judson D. Wilson	Present	....
KNOX	Henry T. Lapp	Present	Present
MADISON	Sol Maggied	Present	Present
MORROW	Joseph P. Ingmire	Present	....
	Francis W. Kubbs	....	Present
PICKAWAY	Frank R. Moore	Present	Present
ROSS	Robert E. Swank	Present	Present
UNION	E. J. Marsh	Present	Present
	ELEVENTH DISTRICT		
ASHLAND	M. D. Shilling	Present	Present
ERIE	E. J. Meckstroth	Present	Present
HOLMES	N. P. Stauffer	Present	Present
HURON	O. J. Nicholson	Present	Present
LORAIN	James T. Stephens	Present	Present
	George R. Wiseman	Present	Present
MEDINA	N. J. M. Klotz	Present	Present
RICHLAND	P. O. Staker	Present	Present
	Harry Wain	Present	Present
WAYNE	Albert B. Huff	Present	Present

(Continued on Next Page)

NEW COUNCILORS GREETED BY COLLEAGUES

Members of The Council came forward following the election to greet two new members: Left to right, standing: Dr. Pease, Dr. Monger, Past-President Charles L. Hudson, Dr. Petznick, President Martin, Incoming President Woodhouse; the newly elected First District Councilor, Dr. Charles W. Hoyt, and new Third District Councilor, Dr. Floyd M. Elliott; Dr. Hopkins and Dr. Dooley.

(House Roll Call—Continued)

	Delegate	First Session	Second Session
	OFFICERS		
President	Robert S. Martin	Present	Present
President-Elect	G. A. Woodhouse	Present	Present
Past-President	Richard L. Meiling	Present	Present
Treasurer	Geo. J. Hamwi	Present	Present
	COUNCILORS		
District			
First	Frank H. Mayfield	Present	Present
Second	R. Dean Dooley	Present	Present
Third	James R. Jarvis	Present	Present
Fourth	Paul F. Orr	Present	Present
Fifth	George W. Petznick	Present	Present
Sixth	C. A. Gustafson	Present	Present
Seventh	Robert E. Hopkins	Present	Present
Eighth	William D. Monger	Present	Present
Ninth	C. L. Pitcher	Present	Present
Tenth	Edwin H. Artman	Present	Present
Eleventh	H. T. Pease	Present	Present
	Totals	**148**	**153**

American Medical Golfing Association Tournament Scheduled June 22

The American Medical Golfing Association is holding its annual golf tournament on Sunday, June 22, in conjunction with the AMA Annual Session which begins on Monday, June 23. The course is the beautiful Olympic Lakeside Golf and Country Club, San Francisco, Calif. This will be a day of rest and relaxation with golf, luncheon, banquet and prizes.

Tee off time is 8 a. m. to 2 p. m. All doctor golfers are invited to attend. Handicaps, scratch to 30, in flights. Additional information may be obtained from James J. Leary, M. D., Secretary, 450 Sutter Street, San Francisco, Calif.

Identification Card for Patients On Anticoagulant Therapy

An "emergency" identification card for the protection of patients on long-term anticoagulant therapy is now available to physicians from the Ohio State Heart Association and its chapters.

The card, designed as a wallet insert, was developed as a result of requests from physicians seeking to protect their patients on anticoagulants in case of accident, dental surgery or other treatment that may induce bleeding. It points out that the bearer "is being treated with anticoagulants which slow down clotting of the blood." In case of emergency—bleeding, injury or illness—the card advises that a doctor be called, since the patient may require an antidote.

The card contains space for the name, address and phone number of the individual's physician. There is also space to indicate the kind of anticoagulant prescribed and the patient's blood type. The card was designed with the approval of the Committee on Prothrombin Determinations of the American Heart Association.

In addition to making the anticoagulant identification card available to physicians, the Heart Association also is calling it to the attention of dentists, hospital emergency room personnel, nurses, police and others who most commonly handle emergencies.

Physicians may obtain samples of the identification card from their local Heart Association or from the Ohio State Heart Association at 131 East State Street, Columbus 15, Ohio.

Annual Meeting in Review . . .

Here Are Some Highlights and Sidelights on Happenings at the Cincinnati Meeting, Among Them Several Awards Presented for Outstanding Exhibits

OFFICIAL proceedings of the House of Delegates and other reports of the 1958 Annual Meeting in Cincinnati are printed elsewhere in this issue under their respective headings. The reader is referred to the index on the inside front cover for page numbers. To more graphically portray what took place at the meeting, *The Journal* has reproduced a number of photographs taken there. Following is additional information in which members will be interested:

Guest Speakers

Approximately a hundred physicians took part in the Scientific Program at the Annual Meeting, in addition to the many who were on committees or otherwise participated in the plans for a successful meeting.

Among those who spoke were several out-of-state guests including the following: Dr. Edith L. Potter, Chicago, professor of pathology, Department of Obstetrics and Gynecology, University of Chicago; Dr. William W. Scott, professor of urology, Johns Hopkins University; Dr. Stanley R. Friesen, Kansas City, Kans., associate professor of surgery and oncology, University of Kansas; Dr. Hans Popper, New York, professor of pathology, Columbia University; Dr. Edward H. Lambert, Rochester, Minn., associate professor of physiology, Mayo Foundation, Graduate School of the University of Minnesota; Dr. F. J. L. Blasingame, Chicago, executive vice-president of the AMA; Dr. Irving H. Leopold, Philadelphia, professor and head of the Department of Ophthalmology, Graduate School of Medicine, University of Pennsylvania; Dr. David B. Allman, Atlantic City, President of the AMA. Guest lay speaker was Mr. Joseph F. McElligott, New York City, business and tax consultant.

Incoming President Honored

The folks in Pleasant Hill gave a warm reception to Dr. Woodhouse on his return from the Annual Meeting after being installed as President. The occasion was a tea for Dr. and Mrs. Woodhouse on Sunday afternoon, April 20. Approximately 150 friends and associates gathered at the Pleasant Hill Congregational Christian Church, with the members of Women's Fellowship of the church as hostesses.

Scientific Exhibit

The Scientific Exhibit was an important feature of the Annual Meeting and drew a steady stream of members and visitors to the South Hall of the Netherland Hilton. There was a total of 46 individual displays in the exhibit.

A special committee evaluated the exhibits and on the basis of their findings presented nine awards. The awards were as follows:

Gold Award in Education Field to the exhibit "Premature Care," sponsored by Drs. Edward A. Wagner, Daniel V. Jones, Carl A. Koch, University of Cincinnati College of Medicine, Department of Pediatrics and the Premature Service, Cincinnati General Hospital.

Gold Award in the Research Field to the exhibit "Cardiac Output," sponsored by Dr. Robert E. Zipf, director of the Department of Research, Miami Valley Hospital, Dayton.

Silver Award in the Education Field to the exhibit "Surgical Correction of Acquired Heart Disease—Open vs. Closed Techniques," sponsored by Dr. Earle B. Kay, D. Mendelsohn, Thomas MacKrell and H. A. Zimmerman, St. Vincent Charity Hospital, Cleveland.

Silver Award in the Research Field to the exhibit "Congenital Heart Lesions: Diagnosis and Surgical Correction," sponsored by Drs. F. S. Cross, H. F. Inderlied, F. A. Oldenburg, St. Luke's Hospital, Cleveland.

Bronze Award in the Education Field to the exhibit, "Changing Pattern of Leukemia," sponsored by Drs. C. S. Higley, W. C. Stoner, Jr., D. A. Baumgartner and Jack Berman, St. Luke's Hospital, Cleveland.

Bronze Award in Research Field to the exhibit "Vertebral Angiograms of the Brain," sponsored by Dr. H. F. Plaut, Radiology Service, Veterans Administration Center, Dayton, and Ohio State University, Columbus.

Special Award to the exhibit "Accident Prevention and Poison Control," sponsored by Paul A. Hayden, assistant administrator, Akron Children's Hospital; Dr. John Norman, Akron, State

COUNCILORS AND GUESTS ENJOY THE BANQUET

These photos taken at the Banquet show some of the Councilors and distinguished guests in the picturesque Pavillon of the Netherland-Hilton Hotel.

chairman, Accident Prevention Committee, American Academy of Pediatrics.

Special Award to the exhibit "Family Doctor's Bag," a comparison of the old and the new, sponsored by the Southwestern Ohio Society of General Physicians.

Dr. Mendelsohn Honored

An event during the Annual Banquet was the presentation of the Daniel Drake Award, sponsored by the Southwestern Ohio Society of General Physicians, a local component of the Ohio Academy of General Practice. The award was presented to Dr. Harry R. Mendelsohn, Madisonville, a charter member of the organization and its first president. Dr. Mendelsohn has contributed much time and effort in behalf of the Cincinnati Academy, local hospitals, civil defense and disaster services.

Presentation was made by Dr. A. H. Willke, Cincinnati, president of the SOSGP.

The Meeting Made News

The meeting received coverage from the Associated Press, United Press and International News Service. Representing the *Cincinnati Enquirer* were James Golden, medical reporter; George Amick and Bill Collins. Helen Detzel covered the sessions for the *Cincinnati Times Star* and Sharon Maloney for the *Cincinnati Post.*

AMA President David B. Allman was interviewed for a half-hour on April 16 by Ruth Lyons on WLW radio and television, which included a network of four TV and three radio stations, servicing cities as far away as Columbus, Dayton and Indianapolis. Peter Grant, WLW newscaster also participated in the interview.

At a press conference held on the same date, Bill Aughenbaugh, of the WLW television staff, recorded a sound motion picture statement by Dr. Allman, and representatives of Radio Stations WSAI and WKRC secured transcribed interviews from the AMA President.

All daily and weekly newspapers in Ohio were supplied with advance stories of the meeting, with names of local members expected to participate. In addition, these same papers received a roundup story on the resolutions enacted at the House of Delegates and the officers elected to serve the Association for the ensuing year.

The OSMA public relations staff supplied the wire services and the Cincinnati newspapers and radio and television directors with the news of the meeting by messenger during the course of activities.

The 13th International Congress on Occupational Health will be held in New York City during July, 1960.

New OSMA President-Elect Frank H. Mayfield is shown addressing the second session of the House of Delegates.

NETHERLAND
HILTON

Guest of the Association was Dr. F. J. L. Blasingame, new General Manager of the AMA, who spoke on the subject, "It's Your AMA."

Annual Meeting Attendance . . .

More than 1500 Physicians and Medical Students Attend 1958 Sessions In Cincinnati, Representing the Association's Members from 85 Counties

THE total attendance at the 1958 OSMA Annual Meeting in Cincinnati April 15-17 was 2535, of which 1491 were physicians and 45 medical students. The actual break-down of those present was as follows: Members of the Association, 1327; guest physicians, including residents, interns and other physician guests, 164; medical students, 45; members of the Woman's Auxiliary and miscellaneous guests, 674; Scientific and Technical Exhibitors, 325; total, 2535.

Following are registration figures for members by counties, a comparison of attendance figures at Annual Meetings from 1919 through 1958, followed by a roster of members who registered for the 1958 meeting:

Registration, 1958 Annual Meeting by Counties and Membership Data

County	Total Membership Dec. 31,'57	Total Membership Apr. 10,'58	Annual Meeting Registration
Adams	12	11	5
Allen	114	109	10
Ashland	24	24	1
Ashtabula	59	51	1
Athens	35	29	6
Auglaize	18	15	6
Belmont	54	55	3
Brown	13	13	5
Butler	158	154	37
Carroll	11	11	3
Champaign	17	13	9
Clark	117	109	25
Clermont	24	25	9
Clinton	25	25	12
Columbiana	77	62	5
Coshocton	22	21	4
Crawford	35	29	1
Cuyahoga	2090	1958	97
Darke	24	27	9
Defiance	18	18	1
Delaware	25	25	4
Erie	59	62	9
Fairfield	50	49	11
Fayette	17	16	4
Franklin	813	787	152
Fulton	23	24	2
Gallia	34	34	5
Geauga	12	10	0
Greene	42	40	11
Guernsey	36	31	3
Hamilton	1167	1123	430
Hancock	41	40	5
Hardin	26	22	3
Harrison	10	10	1
Henry	13	14	2
Highland	22	20	9
Hocking	11	12	2
Holmes	9	9	2
Huron	23	25	3
Jackson	16	14	2
Jefferson	58	54	4
Knox	32	31	6
Lake	64	63	2
Lawrence	27	27	5
Licking	62	52	10
Logan	25	24	7
Lorain	159	143	9
Lucas	559	529	33
Madison	12	13	1
Mahoning	295	309	18
Marion	67	55	6
Medina	40	39	5
Meigs	9	9	3
Mercer	19	21	4
Miami	58	54	19
Monroe	3	2	—
Montgomery	485	468	92
Morgan	5	5	1
Morrow	8	9	3
Muskingum	64	65	8
Noble	3	3	—
Ottawa	20	19	2
Paulding	10	8	1
Perry	12	12	2
Pickaway	17	16	3
Pike	9	10	3
Portage	46	42	4
Preble	11	10	3
Putnam	14	12	1
Richland	111	107	18
Ross	49	46	16
Sandusky	43	43	5
Scioto	76	74	18
Seneca	41	41	4
Shelby	17	17	6
Stark	315	310	19
Summit	441	440	25
Trumbull	120	119	6
Tuscarawas	58	58	15
Union	20	17	9
Van Wert	16	16	2
Vinton	2	2	1
Warren	17	14	4
Washington	29	28	5
Wayne	58	39	2
Williams	17	17	2
Wood	36	35	3
Wyandot	14	13	3
Totals	8030	8666	1327

ANNUAL MEETING REGISTRATION FOR 1919-1958 INCLUSIVE

Year	Place	Members	Guest Physicians	Medical Students	Woman's Aux.; Misc. Guests	Sc. and Tech. Exhibitors	Total
1919	Columbus	1173			264	92	1539
1920	Toledo	860			105	80	1062
1921	Columbus	1275			104	96	1503
1922	Cincinnati	1066			184	70	1341
1923	Dayton	1117			202	76	1414
1924	Cleveland	1301			180	109	1603
1925	Columbus	1204			361	107	1689
1926	Toledo	903			120	83	1125
1927	Columbus	1320			286	82	1705
1928	Cincinnati	916			92	80	1115
1929	Cleveland	1231			249	124	1619
1930	Columbus	1241			435	86	1775
1931	Toledo	826			198	50	1087
1932	Dayton	978			201	45	1226
1933	Akron	858			160	25	1049
1934	Columbus	1069			410	51	1539
1935	Cincinnati	973			197	84	1271
1936	Cleveland	1099			563	137	1813
1937	Dayton	1103			366	64	1551
1938	Columbus	1330			619	104	2068
1939	Toledo	1056			271	84	1426
1940	Cincinnati	1126			323	114	1589
1941	Cleveland—Joint Meeting with A. M. A.						
1942	Columbus	1221			527	119	1880
1943	Columbus	544			160		717
1944	Columbus	830			441	130	1421
1945	No Meeting						
1946	Columbus	1262	130	65	507	157	2121
1947	Cleveland	1502	158	15	411	328	2414
1948	Cincinnati	1362	293	27	491	214	2387
1949	Columbus	1533	162	221	462	230	2608
1950	Cleveland	1587	260	102	707	376	3032
1951	Cincinnati	1208	162	185	647	352	2554
1952	Cleveland	1366	204	49	687	395	2701
1953	Cincinnati	1155	180	224	578	298	2435
1954	Columbus	1222	197	173	701	252	2545
1955	Cincinnati	1360	211	184	738	317	2810
1956	Cleveland	1601	338	120	1029	489	3577
1957	Columbus	1164	149	320	689	368	2690
1958	Cincinnati	1327	164	45	674	325	2535

These are Past-Presidents of the Association who attended The Council dinner on Tuesday evening. Seated, left to right: Drs. Paul A. Davis, H. M. Platter, E. O. Swartz, Carl A. Lincke, Edward J. McCormick (also Past-President of the AMA) and H. M. Clodfelter. Standing, l. to r.: Drs. Merrill D. Prugh, Richard L. Meiling, C. C. Sherburne, Outgoing President Robert S. Martin, Charles L. Hudson and L. Howard Schriver.

MEMBERS OF THE STATE ASSOCIATION REGISTERED AT 1958 MEETING

Adams County—Samuel C. Clark, Kenneth C. Jee, Alexander Salamon, Hazel L. Sproull, Richard Lee Woodyard.

Allen County—James C. Belt, Fred P. Berlin, Patrick A. Connaughton, Raymond B. Croissant, John D. Hubbell, Charles H. Leech, Melvin A. Mulvania, Walter A. Noble, William E. Noble, Roger L. Tecklenberg.

Ashland County—Myrle D. Shilling.

Ashtabula County—Shepard A. Burroughs.

Athens County—Wolfard Baumgartel, Hubert H. Fockler, Roary A. Murchison, Tamin J. Najm, Eleanora Schmidt, Stephen E. Simay.

Auglaize County—William V. Barton, Elizabeth Y. Kuffner, Robert S. Oyer, James R. Romaker, Richard H. Schaefers, T. H. Will.

Belmont County—David Danenberg, B. C. Diefenbach, Murray B. Hunter.

Brown County—Lyle C. Franz, Vytautas Karoblis, Charles H. Maly, Wilbur S. Powell, Ralph F. Wilkins.

Butler County — James M. Anderson, H. Thomas Atkins, Hugh J. Baker, John A. Carter, Rodney C. Caudill, Felix Gustav Cohn, Ernest B. Cunningham, William A. Davin, Louis B. Gaker, Mabel E. Gardner, Lawrence J. Gibboney, Arnold Gross, Jack L. Harris, William H. Henry, Vera Coombs Iber, Paul N. Ivins, Robert P. Johnson, Edward Kezur, Kurt E. Lande, Ralph H. Leyrer, Henry A. Long, Michael A. Matthews, Silvia P. Matthews, Richard H. Mense, Neil Millikin, William U. Neel, William Polanka, Erich W. Ringel, Bernard H. Roberts, Carl A. Roden, Paul E. Smalley, Kenneth M. Smith, Mildred Law Snyder, Clyde I. Stafford, Gene M. Thompson, Robert M. Wilson, Abraham Wolkin.

Carroll County—Glenn C. Dowell, Robert C. Lanzer, Carl A. Lincke.

Champaign County—Harold Carter, Victor R. Frederick, Forrest E. Lowry, I. Miller, John K. Pond, William R. Pudvan, Arthur B. Ream, Theodore E. Richards, Myron J. Towle.

Clark County—Frank W. Anzinger, Jr., Edwin E. Ash, Robert B. Beam, Bernard J. Begley, William H. Crays, John A. Davidson, Samuel K. Gerson, Guenter E. Heinrich, Dorothy C. Heinz, George R. Horton, Clarence W. Hullinger, Wesley E. Knaup, John D. Lefevre, Robert A. McLemore, Morris B. Martin, William H. Miller, George F. Parker, Nicholas B. Pavlatos, Lillian M. Posch, William W. Roby, Elliott W. Schilke, J. H. Shanklin, John M. Summers, Ray M. Turner, S. C. Yinger.

Clermont County—Cecil F. Barber, Harry M. Breuer, John M. Coleman, Walter H. Culley, Carl

A. Minning, Allan B. Rapp, Charles M. Simmons, Frederick S. Skeen, George J. Watkins.

Clinton County—F. J. Boyd, Jr., Mary R. Boyd, Richard R. Buchanan, Robert Conard, Robert M. Cronebaugh, J. H. Frame, Roy D. Goodwin, Kelley Hale, Frank G. Plymire, Ralph H. Vance, John K. Williams, Edmond K. Yantes.

Columbiana County—Roy C. Costello, John A. Fraser, Virgil C. Hart, Raymond T. Holzbach, Robert N. Osmundsen.

Coshocton County — Waldemar R. Agricola, Robert E. Hopkins, H. H. Schwindt, Norman L. Wright.

Crawford County—C. J. Ide.

Cuyahoga County — Kenneth C. Archibald, George Austen, Jr., James O. Barr, John D. Battle, Jr., D. A. Baumgartner, Jack H. Berman, Joseph L. Bilton, Charles H. Brown, George Henry Brown, George H. Brown, Francis L. Browning, Peter A. Bruch, John H. Budd, Kenneth H. Burdick, Hilda B. Case, William F. Collins, Jr., Christopher A. Colombi, Nadene Coyne, Irving I. Cramer, E. H. Crawfis, Russell B. Crawford, Thomas I. Crawford, Frederick S. Cross, Nicholas G. DePiero, Carroll C. Dundon,

Eduard Eichner, A. Carlton Ernstene, Eugene A. Ferreri, James P. Frackelton, Ralph J. Frackleton, William J. Gardner, Donald M. Glover, John J. Grady, Alvin P. M. Hall, Harry A. Haller, Harold E. Harris, John W. Harrison, Robert B. Hauver, William A. Hawk, John B. Hazard, Sidney W. Helperin, Charles S. Higley, Stanley O. Hoerr, Howard H. Hopwood, Jr., Charles L. Hudson, Alfred W. Humphries, Harris D. Iler, H. F. Inderlied,

Chester R. Jablonoski, Albert L. Jones, Walter R. Katzenmeyer, Earle B. Kay, Fred R. Kelly, James I. Kendrick, Roscoe J. Kennedy, John A. Kenney, Jr., Thomas D. Kinney, Peter J. Kmieck, Vincent T. LaMaida, Charles L. Leedham, Fay A. LeFevre, Charles Long, II, Melvin A. Lucas, Harvey J. Mendelsohn, Robert Dean Mercer, Paul A. Mielcarek, Clarence J. Morell, Paul A. Nelson, William A. Nosik, Joseph Nurenberg, Frederick A. Oldenburg,

Irvine H. Page, George W. Petznick, Frank J. Rack, P. J. Robechek, Vernon C. Rowland, Sr., Edward C. Roy, Herbert W. Salter, Arthur L. Scherbel, Paul J. Schildt, A. Benedict Schneider, James F. Seliskar, Mildred H. Shelly, F. A. Simeone, Leo H. Simoson, Edwin L. Smith, Erma A. Smith, Donald A. Snyder, Willard C. Stoner, Jr., William C. Strittmatter, Harold R. Swan, Paul J. Vignos, Jr., Elden C. Weckesser, Herman C. Weinberg, Guy H. Williams, Jr., Benjamin J. Wolpaw, Burdett Wylie.

Darke County—V. Ray Boli, E. Westbrook Browne, Maurice M. Kane, Paul G. Lenhert, John S. Meyers, Peter H. Mulder, Gilbert E. Sayle, Alvan E. Thuma, Robert V. Wade.

Defiance County—William S. Busteed.

Delaware County — Adelbert R. Collander, George J. Parker, Douglas L. Smith, William L. Vogt.

Erie County—William F. Burger, James R. Hart, Ross M. Knoble, Paul S. LaFollette, C. F. Lavender, David R. Lehrer, Emil J. Meckstroth, Gordon F. Ogram, Sigismund Vechey.

Fairfield County—Adam David Echert, Stephen R. Hodsden, William S. Jasper, A. M. Kelley, Victor N. Kistler, Jack L. Kraker, William D. Monger, Carl R. Reed, Harold J. Schwendeman, Lewis H. Urling, Jr., Robert E. Whetsone.

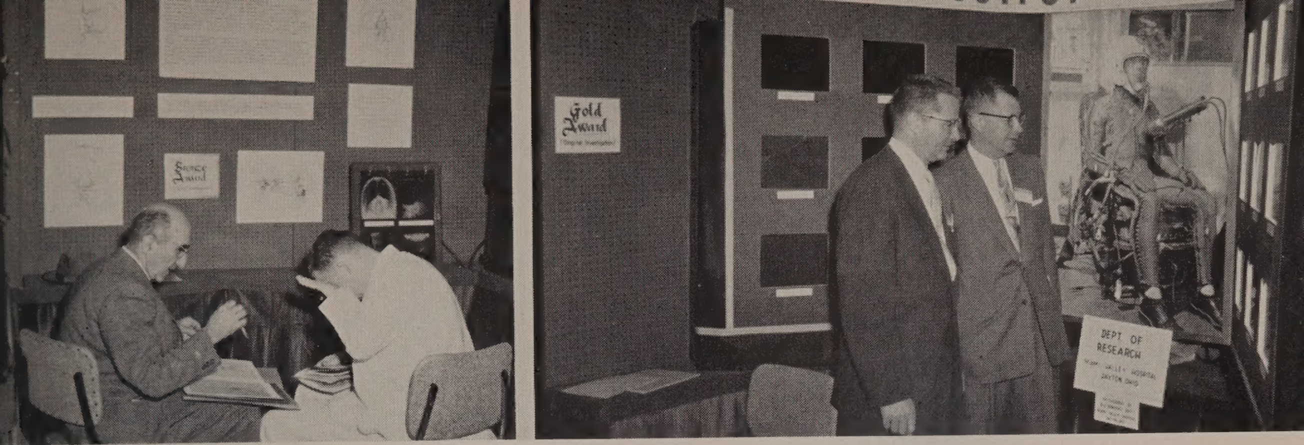
Fayette County—Philip E. Binzel, Jr., Thomas J. Hancock, Jack H. Persinger, Byers W. Shaw.

Franklin County—Benjamin W. Abramson, J. Garfield Alcorn, Homer A. Anderson, Shirley Armstrong, Drew J. Arnold, Perry R. Ayres, Frederick S. Barends, Earl H. Baxter, Harry C. A. Beach, Floyd M. Beman, Henry Bergman, Ross M. Blesch, William R. Blesch, George H. Bonnell, Jr., Jack R. Bontley, Richard W. Booth, William F. Bradley, Margaret W. Bridwell, William H. Brunie, Maurice G. Buckles, Olan P. Burt,

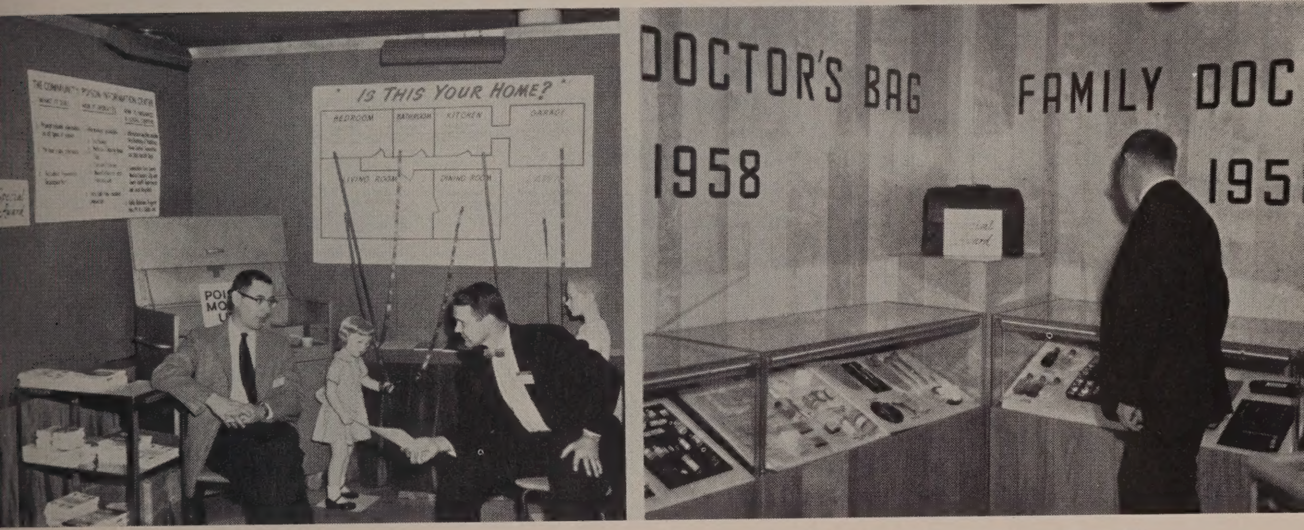
Clarence E. Carnahan, Lewis W. Cellio, Leon G. Claassen, H. William Clatworthy, Jr., George D. Clouse, George W. Cooperrider, James M. Coulter, Dana W. Cox, John P. Crawford, Thomas R. Curran, H. B. Davidson, Walter DeLaMotte, Dale R. Dickens, Paul R. Dillahunt, Charles A. Doan, Robert J. Duran, Nathan P. Eisenberg, Harry E. Ezell, Jonathan Forman, Huston F. Fulton, Clarence M. Gallagher, John P. Garvin, Joseph M. Gettrost, Howard D. Giles, James C. Good, Helen P. Graves,

William L. Hall, William Hamelberg, George J. Hamwi, James A. Hardie, Charles W. Harding, George T. Harding, George T. Harding, Jr., P. B. Hardymon, Edward W. Harris, Harold K. Harris, Margot D. Hartmann, William H. Havener, Robert A. Heilman, Eldred B. Heisel, James L. Henry, Willis H. Hodges, Jr., George R. Hoeflinger, Zeph J. R. Hollenbeck, Reuben B. Hoover, Don M. Hosier, Oliver W. Hosterman, Hugh B. Hull, Jr., H. I. Humphrey, William E. Hunt, Robert M. Inglis, Robert J. Izant, Arthur G. James, Ralph J. Johansmann, Ernest W. Johnson, John R. Jones,

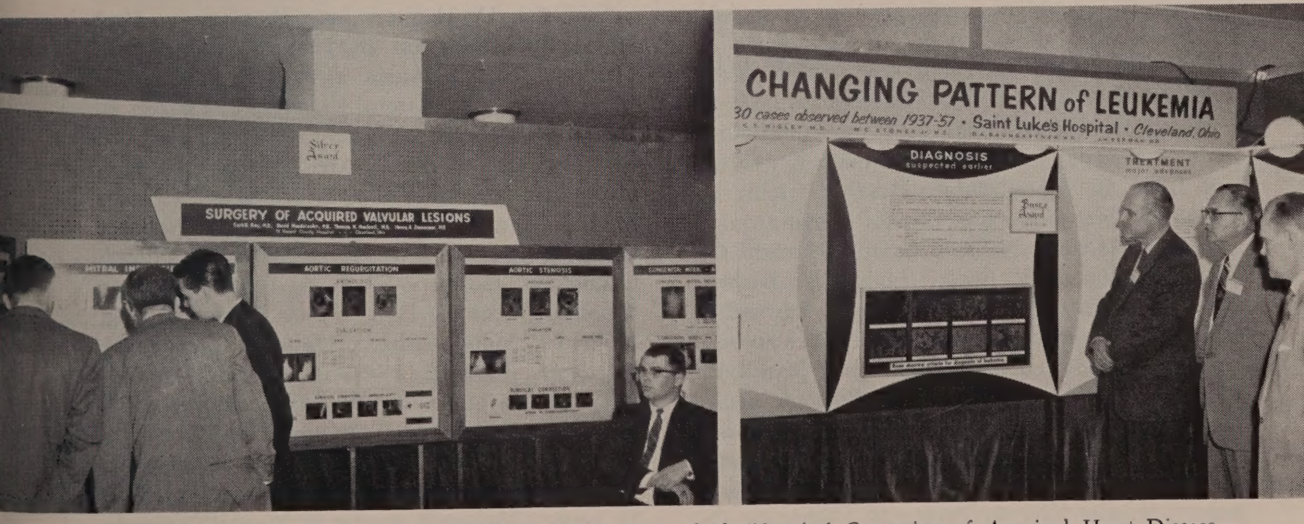
Max P. Kanter, Paul Kirch, Gilman D. Kirk, Robert C. Kirk, Reynold E. Klages, Jr., George O. Kress, Robert H. Kuhn, Frank L. Lally, Edward C. Lawless, Richard J. Lescoe, David R. Lewis,


Bronze Award
Gold Award
DEPT OF RESEARCH

Left: Bronze Award winning exhibit in the field of research, "Vertebral Angiograms of the Brain." **Right:** Gold Award winning exhibit in the research field, "Cardiac Output."


IS THIS YOUR HOME?
BEDROOM
BATHROOM
KITCHEN
GARAGE
LIVING ROOM
DINING ROOM
DOCTOR'S BAG
1958
FAMILY DOC
195
Special Award

Left: Special Award winning exhibit was this display on "Accident Prevention and Poison Control." **Right:** Another Special Award winner was this exhibit entitled, "Family Doctor's Bag."


Silver Award
SURGERY OF ACQUIRED VALVULAR LESIONS
AORTIC REGURGITATION
AORTIC STENOSIS
CHANGING PATTERN of LEUKEMIA
30 cases observed between 1937-57 · Saint Luke's Hospital · Cleveland, Ohio
DIAGNOSIS
suspected earlier
TREATMENT
Bronze Award

Left: Silver Award winning exhibit, in the education field, "Surgical Correction of Acquired Heart Disease—Open vs. Closed Techniques." **Right:** Bronze Award winning exhibit in the field of education, "Changing Pattern of Leukemia."

Tom F. Lewis, Richard L. McFarland, Torrence A. Makley, Lillian Marks, Robert L. Marshall, George T. Mathews, Charles W. Matthews, Charles V. Meckstroth, Richard L. Meiling, Nicholas Michael, Jack W. Miles, George F. Millay, Paul R. Miller, Jacob Moses, Charles S. Myers, Jr., Harry O. Newland, Munroe W. Palestrant, Milton M. Parker, Ralph M. Patterson, Carey B. Paul, Jr., Charles W. Pavey, Vol K. Philips, Herbert M. Platter, Allen D. Puppel, Robert L. Reinhart, Mary C. Richards, John P. Riepenhoff, William O. Robertson, Jr., Leabelle I. Ross, Norman O. Rothermich, Nellija O. Rubenis, Anthony Ruppersberg, Jr.,

William H. Saunders, Mark L. Saylor, Roy J. Secrest, Miner W. Seymour, Joseph H. Shepard, Clifford C. Sherburne, Howard D. Sirak, John P. Smith, David J. Spangler, Pearl C. Staker, Robert B. Stevenson, Walter M. Stout, Mabel Richards Tarbell, Jack N. Taylor, William N. Taylor, C. B. Theodotou, E. V. Turner, Lawrence E. Turton, John P. Urban, Richard E. Vance, Emmerich Von Haam, Thomas P. Wangler, John A. Whieldon, James H. Williams, Roger D. Williams, Judson D. Wilson, William W. Wiltberger, Bruce K. Wiseman, Kurt Witton, Ralph E. Worden, Richard W. Zollinger, Maurice L. Zox.

Fulton County—Clarence F. Murbach, Ben H. Reed, Jr.

Gallia County—Keith R. Brandeberry, Oscar W. Clarke, Marcus J. Magnussen, John C. Markley, Thomas W. Morgan.

Greene County—Ray W. Barry, Paul D. Espey, Robert D. Hendrickson, C. G. McPherson, Meinhard Robinow, J. Robert Schauer, Lester W. Sontag, Harry C. Stoneburner, Harold R. Tharp, John D. Tharp, R. David Warner.

Guernsey County—Merritt C. McCuskey, Robert A. Ringer, James A. L. Toland.

Hamilton County—Nathan R. Abrams, Goffredo S. Accetta, F. Jay Ach, William C. Ahlering, Irwin C. Albert, Edward Alberts, John E. Allen, Nicholas G. Amato, Charles B. Armstrong, Albert I. Aronoff, Nathan Aronoff, Arthur O. Bachman, Robert A. Bader, Taylor W. Barker, Ferris E. Beekley, Henry Clay Beekley, Edward J. Bender, Julien E. Benjamin, Howard Benus, Jerome R. Berman, I. Leonard Bernstein, Joseph B. Biederman, J. Park Biehl, Erwin C. Binstadt, Paula Biren, Donald J. Birmingham, Nancy Blades, Sanford Blank, Hermann Blatt, Norman H. Blatt, Stanley L. Block, C. D. Bobowski, Byron E. Boyer, Robert Brandt, John R. Braunstein, Gertrude D. Brecht, Donald E. Brinkmann, Frederick Brockmeier, George E. Brown, Michael T. Brown, Samuel A. Brown, Clinton H. Buford, Max R. Burger, Leonard A. Burgin, Paul A. Busam,

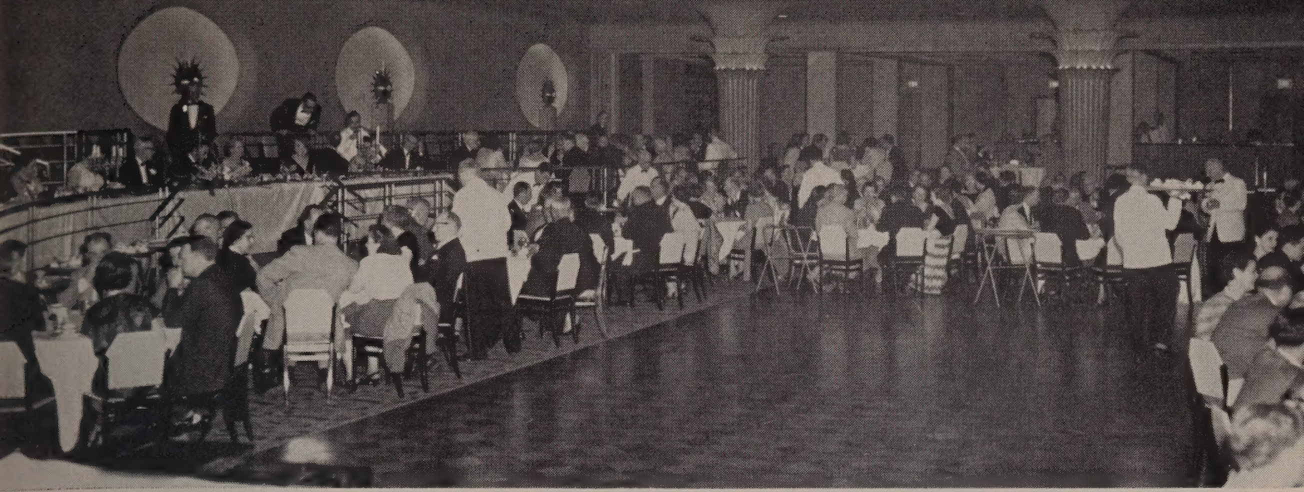
James S. Caldwell, James W. S. Calvert, John B. S. Campbell, John F. Cardosi, Edmund C. Casey, Joseph M. Casper, Gerald H. Castle, Harold Norbert Cavanaugh, Sherwood A. Chamberlain, Owen C. Clark, James J. Clear, James Francis Cleary, Jr., Frank Clement, Chatham G. Clements, Sander Cohen, Helen S. Compton, Halford F. Conwell, Louis E. Cook, Robert E. Cooke, Edgar M. Corrill, William H. Craddock, John J. Cranley, Joseph G. Crotty, A. Harry Crum, Ralph B. Cunningham, S. Bertha Dauch, Daniel J. Davies, Alvin Davis, William D. DeVaux, Charles A. DeWert, Mark S. Dine, John H. Dornheggen, Harold F. Downing, Alfred J. Elkins, Edward C. Elsey, Walter G. Engel, Gail S. Englender, Alfred W. Erb, Virginia M. Esselborn,

Howard D. Fabing, Edwin C. Faessler, Carroll J. Fairo, John H. Falk, Emmett Fayen, Benjamin Felson, Charles K. Ferguson, Frank F. Ferris, Willard B. Fessenden, Archie Fine, William M. Fischbach, Herbert C. Flessa, Paul E. Foldes, Starr Ford, J. Philip Fox, Donald J. Frank, Herman A. Freckman, Kenneth A. J. Frederick, Alan S. Freemond, Joseph N. Freiden, Frederick Freihofer, Emil Friedlander, Ben I. Friedman, Eugene P. Fromm, William E. Froschauer, John C. Fuhs,

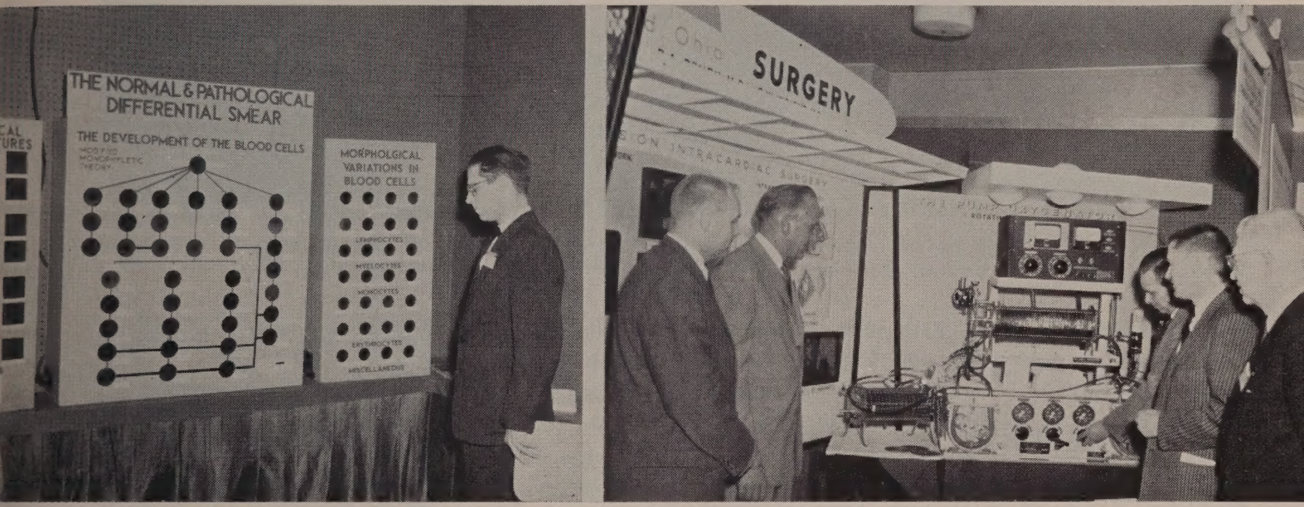
Joseph N. Ganim, Mitchell H. Ganim, Paul G. Geiss, Samuel Gendelman, N. J. Giannestras, Melvin Gillett, James R. Glier, Helen I. Glueck, Lawrence C. Goldberg, Milton M. Goldfarb, Douglas Goldman, Lowell E. Golter, Sander Goodman, Henry M. Goodyear, Ralph S. Grace, Edward A. Grad, Marjorie A. Grad, Paul J. Graham, David L. Graller, Robert S. Green, J. Victor Greenebaum, Paul D. Grove, George M. Guest,

Frederick D. Haffner, John B. Hamblet, Paul V. Hamilton, Gaston B. Hannah, Clarence L. Hans, Jr., Samuel Harris, Edward Hartenian, Rae E. Hartman, O. Warren Hattendorf, Charles E. Hauser, J. Robert Hawkins, J. B. Hayes, Edward Blair Headley, Robert S. Heidt, Joseph D. Heiman, Raymond H. Hellman, Jr., Louis J. Hendricks, Samuel W. Herman, Jack Hertzman, Emily R. Hess, Peter W. Hess, William E. Hillard, Donald W. Hillman, Elliott A. Hilsinger, Harry K. Hines, Leon S. Hirsch, Carl J. Hochhausler, Stephen P. Hogg, Richard B. Homan, Stephen H. Hornstein, Robert E. Howard, Harriet B. Howes, Benjamin Hoyer, Charles W. Hoyt, J. Robert Hudson, John H. Hunt, C. R. Hunter, Hope Hyams,

Arnold Iglauer, L. Courtney Jack, Donald L. Jacobs, Murray S. Jaffe, Joseph H. Jansen, Jerome N. Janson, Thomas S. Jenike, William P. Jennings, William R. Johnson, Jr., Dan V. Jones, Richard A. Jubelirer, Joseph B. Kallenberg, Frederic T. Kapp,



A scene during the early part of the Banquet, just before dancing began in the area reserved for that purpose.


THE NORMAL & PATHOLOGICAL DIFFERENTIAL SMEAR
THE DEVELOPMENT OF THE BLOOD CELLS
MORPHOLOGICAL VARIATIONS IN BLOOD CELLS
SURGERY
INTRACARDIAC SURGERY

Left: A Special Award went to this exhibit on "Normal and Pathological Blood Smear." **Right:** The Silver Award winning exhibit in the field of research, "Congenital Heart Lesions: Diagnosis and Surgical Correction."

Azad Katchian, Nicholas M. Katona, Elmer G. Katz, Sidney A. Kay, Robert A. Kehoe, Robert A. Kemper, David M. Kerman, Roy L. Kile, Dan J. Kindel, Arthur G. King, Verle R. Kitsmiller, Jules I. Klein, Maurice S. Klein, William W. Klement, Carl A. Koch, Robert P. Koenig, Homer H. Kohler, Herman J. Kooiker, J. Harold Kotte, Robert H. Kotte, Raymond J. Krause, Robert E. Krone, Nathan J. Kursban,

Max C. Labermier, Jr., Joseph A. Lane, Lloyd E. Larrick, Hans W. Lawrence, J. Arthur Leary, Henri LeClaire, Henry D. Lederer, Bruno Leichtentritt, Harry O. Lepsky, Abram A. Levin, Joseph E. Levinson, Janus C. Lindner, Edgar S. Lotspeich, Jr., Gerson Lowenthal, Max L. Lurie, Alfred Lustberg, Donald J. Lyle, Robert A. Lyon,

Bert H. McBride, Harvey G. McCandless, Justin E. McCarthy, George William McClure, John W. McConnell, Lee McHenry, Joseph S. McMath, James R. Mack, Martin B. Macht, Charles Maertz, John J. Maloney, Robert D. Mansfield, John D. Marioni, Maurice D. Marsh, James F. Martin, Kent E. Martin, Lester W. Martin, Mary M. Martin, Esther C. Marting, Robert A. Matuska, Elmer P. R. Maurer, Frank H. Mayfield, John R. Meek, Sidney N. Mendelsohn, Fernando L. Mendez, Jr., George A. Meyers, Harry J. Meyers, S. Gregory Miceli, Donald E. Miller, Eli A. Miller, Henrietta Marie Miller, Joseph J. Miller, James S. Mills, Gordon M. Mindrum, Alexander C. Minella, William A. Moore, Harold Moskovitz, James A. L. Moulton,

Arthur W. Nadler, Frank A. Nantz, A. W. Nelson, Harry G. Nelson, Leo. I. Nelson, Hilmer W. Neumann, Paul V. D. Newland, D. Bruce Nicholson, Jeanne E. Nitchals, Ray O. Nulsen, Carl J. Ochs, Eileen M. O'Ferrell, Dale P. Osborn, Lloyd E. Owens, Lucy O. Oxley, Evalyn M. Partymiller, George F. Patterson, John H. Payne, Warner A. Peck, Jr., Clarke P. Pennington, Harold Pescovitz, Glen W. Pfister, Jr., John J. Phair, Walter B. Phillips, James D. Phinney, Philip E. Piker, Virgil A. Plessinger, Joseph J. Podesta, Alex Pohowsky, Jr., Alice Margaret Posey, Robert H. Preston, Frank Princi, Joseph A. Quigley,

Thomas J. Radley, William Orville Ramey, Con-

PANEL DISCUSSION A FEATURE OF THE SCIENTIFIC PROGRAM

Typical of the scientific discussion groups was this panel snapped during the Combined Session of Sections on General Practice, Internal Medicine, Radiology and Surgery.

rad O. Ranger, Helena T. Ratterman, Louise W. Rauh, John Edwin Reed, Samuel Reingold, George Renner, Jr., Andrew C. Renz, Charles K. Riddle, William Riddle, C. R. Rittershofer, Samuel Rochwern, Manuel M. Rodarte, Jack F. Rohde, William H. Rohdenburg, Brigitte R. Rosenberg, Louis M. Rosenberg, Philip H. Rosenberg, Ervin S. Ross, William Donald Ross, Robert C. Rothenberg, Carl E. Roush, Eli Rubenstein, Jack H. Rubinstein, Walter B. Rugh, Jr., Henry W. Ryder,

Herschel Sachs, Eugene L. Saenger, Louis A. Safer, Barnet R. Sakler, C. H. Scheetz, Leon Schiff, Carl F. Schilling, Harold S. Schiro, Stuart A. Schloss, Franklin C. Schlueter, Eduardo Z. Schmidt, William C. Schmidter, Jr., Margaret J. Schneider, Benjamin Schneider, L. Howard Schriver, Morris S. Schulzinger, Abe L. Schwartz, Bernard A. Schwartz, Edmund H. Schweitzer, George X. Schwemlein, Ralph C. Scott, Charles A. Sebastian, Frank Seinsheimer, Vincent J. Seiwert, Theodore K. Selkirk,

I. C. Sharon, Denman Shaw, Robert M. Sherman, Harry C. Shirkey, Roland F. Shirley, Clayton R. Sikes, Jr., Nathan Silver, Irvin S. Silverstein, David L. Simon, John E. Singer, Robert E. Slemmer, Hiram H. Slutz, Hugo Dunlap Smith, E. B. Snyder, Frederick A. Snyder, Dora F. Sonnenday, Erich Spiro, Arthur H. Spreen, Leonard J. Stark, Robert A. Stein, C. Roy Steingrube, Edgar C. Steinharter, Francis M. Stephens, Mervin F. Steves, E. V. Stewart, Victor Strauss, Edward S. Strasser, Jr., Cecil Striker, Max Strikman, Warren L. Strohmenger, Garfield L. Suder, Ernest O. Swartz,

William S. Terwilleger, Frederick C. Theiss, Albert E. Thielen, John L. Thinnes, Jr., Clyde S. Thomas, William C. Thornell, Samuel A. Trufant, Harold A. Tuch, Ivan Tuskan, Mark Upson, Jr., Earl C. Van Horn, Ward H. Ventress, F. William Vockell, Frank E. Von Holle,

Carl F. Wagner, Edward A. Wagner, Luben S. Walchef, Millard Wallenstein, Josef Warkany, Calvin F. Warner, Irvin Warth, T. Brent Wayman, Henry E. Wedig, Joseph Weil, Alfred L. Weiner, Josef D. Weintraub, H. B. Weiss, Arthur H. Wells, Daniel A. Whalen, Russell F. Wiggers, Lawrence J. Wilchins, Walter B. Wildman, Harold M. Wiley, Gilbert E. Williams, A. H. Willke, John C. Willke, Ernest R. Wilson, Joseph N. Wilson, Carl A. Wilzbach, Richard L. Witt, Sydney Wolfgang, Edward Woliver, George A. Woodhouse, Jr., Robert M. Woolford, Charles E. Work, Mitchell R. Zavon, Sherwin S. Zeid, Jerome Zeigler, I. Mark Zeligs, Max M. Zinninger.

Hancock County—William E. Brown, Lawrence H. Goodman, Ralph E. Rasor, Harold K. Treece, Frank M. Wiseley.

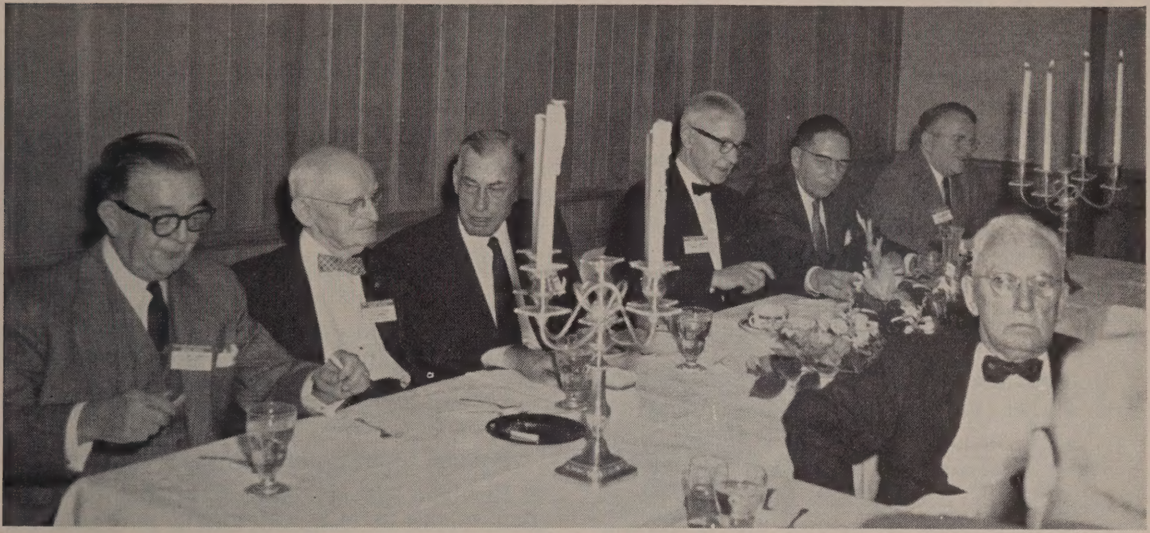
Hardin County—William F. Binkley, Richard A. Dietrich, Floyd M. Elliott.

Harrison County—James Z. Scott.

Henry County—Thomas F. Tabler, Edwin C. Winzeler.

Highland County—John G. Anderson, J. Mar-

DISTINGUISHED GUESTS AT THE COUNCIL DINNER



At the head of the table for The Council dinner on Tuesday were the following, l. to r.: Dr. Edward J. McCormick, OSMA and AMA Past-President; Dr. H. M. Platter, OSMA Past-President and Secretary of the State Medical Board; Dr. David B. Allman, President of the AMA; Dr. Robert S. Martin, OSMA President; Dr. George A. Woodhouse, Incoming OSMA President; and Dr. Richard L. Meiling, at that time immediate Past-President of the Association. In the right foreground is Dr. E. O. Swartz, a Past-President.

tin Byers, Robert G. Claeys, Walter Felson, Clifford G. Foor, Lena B. M. Holladay, Glendon E. Parry, Jacob Wacker, Richard C. Wenrick.

Hocking County—Jan S. Matthews, Lethia Wood Starr.

Holmes County—Adam J. Earney, Neven P. Stauffer.

Huron County—Wilfred B. Dodgson, Otto F. Lanka, Owen J. Nicholson.

Jackson County—Clarence C. Fitzpatrick, J. L. Frazer.

Jefferson County—Stanley L. Burkhardt, Carl F. Goll, Sanford Press, Wilmer H. Rogers.

Knox County—Robert L. Eastman, George B. Imhof, Henry T. Lapp, Raymond S. Lord, James C. McLarnan, William L. Mahaffey.

Lake County—Benjamin S. Park, George R. Smith.

Lawrence County—Anne M. Alstott, Leo S. Konieczny, Harry Nenni, George N. Spears, Charles E. Vidt.

Licking County—A. S. Burton, Edward A. Carlin, Geraldine H. Crocker, Gerald A. Erhard, James K. Nealon, Howard H. Peppel, Arnold D. Piatt, Raymond G. Plummer, Grover B. Swoyer, J. R. Wells.

Logan County—Douglas W. Beach, George H. Freetage, Hobart L. Mikesell, Warren F. Mills, John J. Roget, Joseph G. Springer, John B. Traul.

Lorain County—Wilbur K. Brubaker, John Halley, Henry E. Kleinhenz, L. C. Meredith, Ben V. Myers, John W. Newman, Gordon A. Smith, James T. Stephens, George R. Wiseman.

Lucas County—Bernard Botsch, Porter Bruce Brockway, Henry A. Brunsting, Donald K. Cameron, Henry D. Cook, Edward L. Doermann, Henry P. Drake, Crawford L. Felker, James C. Fries, Edmond F. Glow, Walter H. Hartung, Jr., Richard Hotz, David M. Katchka, Orrin C. Keller, J. Lester Kobacker, Adelbert J. Kuehn, David K. Levin, Edward J. McCormick, Robert W. Muenzer, J. Robert Navarre, Edward F. Ockuly, Frederick P. Osgood, Frank F. A. Rawling, John L. Roberts, Rexford P. Rutter, Rolland E. Scherbarth, Max T. Schnitker, Maurice A. Schnitker, Charles F. Shook, Howard E. Smith, Gerald Stark, Earl F. Ward, Jr., Randolph P. Whitehead.

Madison County—Sol Maggied.

Mahoning County—Edgar C. Baker, William H. Evans, Sidney I. Franklin, Louis J. Gasser, Carl A. Gustafson, Francis G. Kravec, Arthur T. Laird, Harlan P. McGregor, Paul J. Mahar, William L. Mermis, Gordon G. Nelson, Stephen W. Ondash, C. Edward Pichette, Asher Randell, Fred G. Schlecht, Ivan C. Smith, Craig C. Wales, William P. Young.

Marion County—John T. Boxwell, John A. McNamara, Frederick T. Merchant, Thomas N. Quilter, Robert L. Stuber, Glenn E. Willoughby.

Medina County—Richard W. Avery, William

G. Halley, John L. Jones, Nevin J. M. Klotz, H. T. Pease.

Meigs County—Selim J. Blazewicz, Raymond E. Boice, Roger P. Daniels.

Mercer County—Louis J. Finkelmeier, Terry J. Kerrigan, George H. McIlroy, James J. Otis.

Miami County—William H. Adkins, Deane B. Armour, E. Paul Foy, John W. Gallagher, Robert L. Girouard, Berton M. Hogle, Glen S. Hogle, Dale A. Hudson, Maynard C. Kiser, Kenneth F. Lowry, Edwin F. Luh, Ernest T. Pearson, E. G. Puterbaugh, Harry E. Shilling, Dale R. South, Jr., William T. Wilkins, Jr., Gerard F. Wolf, George A. Woodhouse, Ralph D. Yates.

Montgomery County — William Abramson, Arnold Allen, Everett E. Archdeacon, Kenneth D. Arn, Lee R. Ashmun, Sterling H. Ashmun, Lynne E. Baker, Herman J. Bearzy, David L. Bernie, Roy S. Binkley, A. V. Black, Morton E. Block, Lewis Booker, Harry A. Bremen, Ian H. Brown, John R. Brown, Russell N. Brown, Robert A. Bruce, Herbert R. Cammerer, Arthur W. Carley, Everett F. Conlogue, Alva D. Cook, Lloyd H. Cox, Robert M. Craig, Sydney H. Dinkin,

R. C. Doan, R. Dean Dooley, John M. Duchak, Stuart R. Ducker, Stanley A. Earley, Jr., Philip A. Eckert, Harry Einhorn, Kenneth C. Evans, Fredericka F. Freytag, George H. Garrison, Edith Gitman, Peter A. Granson, Richard S. Graves, Francis V. Grice, William H. Hanning, Albert Hirsheimer, Nathaniel R. Hollister, Owen F. Hughes, Mason S. Jones, Raymond M. Kahn, Joseph S. Koehler, Jesse P. Kuperman, Joseph J. Larkin, William J. Lewis, Hans Liebermann, T. L. Light, Marion V. Lingle, Lawrence J. Lohr, William R. Love,

William L. McCowan, Samuel N. Maimon, G. E. Meyer, Jerome H. Meyer, Kenneth L. Meyers, Burton G. Must, Thomas E. Newell, Julius Ohlmann, George L. Parkin, C. Clarkson Payne, Charles B. Phillips, Merrill D. Prugh, Wallace E. Prugs, Forest F. Radcliff, Jr., James A. Rodeghero, Norman L. Rose, Louis Ryterband,

James L. Sagebiel, Burt E. Schear, Harry B. Schiffer, Hortense B. Schmitz, William J. Shine, William L. Slagle, Eldrin W. Smith, Norman F. Stambaugh, Henry L. Strohmeyer, Wallace B. Taggart, Stanley Vangrov, James M. Walters, Allan L. Wasserman, Thomas A. Wetaver, Jr., Sylvan L. Weinberg, Charles E. Wenyon, Robert Alan Wickham, Joseph M. Wilson, Giles Wolverton, John R. Woodruff, Robert E. Zipf.

Morgan County—Henry Bachman.

Morrow County—William S. Deffinger, Joseph P. Ingmire, Francis W. Kubbs.

Muskingum County—J. Herbert Baim, Walter B. Devine, Paul A. Jones, A. C. Lawrence, Robert S. Martin, Alfred C. Ormond, Fred W. Phillips, Earl B. Zurbrugg.

Ottawa County—George A. Boon, Cyrus R. Wood.

Paulding County—Doyt E. Farling.

Perry County—M. P. Clouse, Sydney N. Lord.

Pickaway County — Edward L. Montgomery, Frank R. Moore, Robert G. Smith.

Pike County—Robert M. Andre, George W. Cooper, Cecil L. Grumbles.

Portage County—Edgar A. Knowlton, Edward T. Meacham, Myron S. Owen, Myron W. Thomas.

Preble County—C. J. Brian, Charles E. McKinley, Everett P. Trittschuh.

Putnam County—Milo B. Rice.

Richland County—Russell H. Barnes, C. H. Bell, Rundle D. Campbell, Charles F. Curtiss, Carl R. Damron, Carroll E. Damron, Joseph B. Edelstein, Oscar W. Klein, Ernest B. Mainzer, Lizabeth S. Mainzer, Walter A. Massie, Joseph E. Seibert, Charles L. Shafer, Pearl O. Staker, Lawrence C. Thompson, Albert H. Voegele, Francis M. Wadsworth, Harry Wain.

Ross County—Edwin H. Artman, William J. Corzine, Harold M. Crumley, Ernest B. Cutlip, John W. Franklin, L. T. Franklin, William M. Garrett, Ralph W. Holmes, Walter E. Kramer, David McKell, Paul F. MacCarter, Jr., James R. Manchester, M. Dow Scholl, Byron Stinson, Robert E. Swank, Joseph Utrata.

Sandusky County—John C. Bates, C. L. Fox, Robert C. Fox, Anthony C. Rini, Glenn H. Walker.

Scioto County—Dow L. Allard, Donald M. Appleton, Walter A. Braunlin, Robert N. Counts, Clyde M. Fitch, William J. Hartlage, L. B. Hatch, W. C. Hugenberg, A. P. Hunt, Milton Levine, Elizabeth B. Long, James P. McAfee, Carter L. Pitcher, Jerome M. Rini, Henry F. Rogowski, Marie B. Rogowski, William E. Scaggs, William M. Singleton.

Seneca County—Henry L. Abbott, Walter A. Daniel, Olgierd C. Garlo, Robert R. Schwalenberg, Jr.

Shelby County—R. W. Alvis, Clayton B. Conover, H. Eugene Crimm, Boyd L. Mahuron, George J. Schroer, Edward P. Sparks, Jr.

Stark County—Robert H. Angerman, Edmund Beshara, George F. Cain, Alfons Cecys, John E. Dougherty, Marion M. Estes, Mark G. Herbst, Leslie L. Lawrence, Charles O. Paradis, Otto L. Plaut, John R. Seesholtz, Richard G. Spitzer, L. D. Stoner, Grace F. Thomas, John F. Thompson, Robert E. Tschantz, John B. Walker, Howard B. Weaver, William A. White, Jr.

Summit County—Paul A. Davis, Reynold P. Desman, Arthur Dobkin, Joseph J. Eckert, Floyd J. Fowler, A. William Friend, James R. Hodge, Keith C. Keeler, James G. Kramer, Donald I. Minnig, H. E. Muller, Howard O. Musser, Carl C. Nohe, William Onest, Reuben R. Pliskin, Fred M. Rankin, Jr., Robert T. Rowe, Richard H. Stahl, Donald M. Traul, James T. Villani, Edward L. Voke, Frank M. Warner, Laurence M. Weinberger, Aubrey S. Willacy, Rex H. Wilson.

Trumbull County—E. G. Caskey, Frank T. Kandrac, E. G. Kyle, Clyde W. Muter, Raymond H. Ralston, Aubrey L. Sparks.

Tuscarawas County—Jurgis Balciunas, Chester A. Bennett, D. M. Ceramella, C. Raymond Crawley, Edgar C. Davis, Jr., Clark M. Dougherty, Philip T. Doughten, Paul D. Hahn, Joseph W. Hamilton, James R. Martin, Vincent C. Nipple, William C. Roche, Arthur J. Stevenson, Herbert F. VanEpps, George D. Woodward.

Union County—Walter R. Burt, Fred C. Callaway, Malcolm MacIvor, E. J. Marsh, Lloyd E. Moore, James W. Sampsel, James M. Snider, May B. Zaugg, Paul R. Zaugg.

Van Wert County—Edwin W. Burnes, James R. Jarvis.

Vinton County—Herbert D. Chamberlain.

Warren County—Thomas E. Fox, O. Williard Hoffman, Orville L. Layman, D. P. Ward.

Washington County—Kenneth E. Bennett, Ford E. Eddy, George E. Huston, Edgar Northrup, Jr., William R. Stewart.

Wayne County—A. Burney Huff, Richard W. Reiman.

Williams County—Paul G. Meckstroth, John R. Riesen.

Wood County—Sigmund Kosewick, Paul F. Orr, Roger A. Peatee.

Wyandot County—Talmadge R. Huston, Allen F. Murphy, Herschel A. Rhodes.

New Catalog Lists 87 Medical Films Available

A revised list of films available through the AMA motion picture library has been prepared and copies are available upon request from Motion Pictures and Medical Television of the AMA.

This new catalog lists 87 medical films suitable for showing to medical societies, hospital staff meetings, and other scientific groups. It also lists 5 health films of interest to physicians who may be called upon to speak before lay audiences.

Do You Have Any Clews To Missing Film?

A film which was shown by Dr. James M. Sutherland at the joint session of the Section on Pediatrics and Section on Radiology on Tuesday morning, April 15, at the 1958 Annual Meeting, Cincinnati, disappeared and, todate, Dr. Sutherland has been unable to locate it. It carried an adhesive tape label "Infant Wilkins." It consisted of a strip of black and white X-ray and a Kodachrome of an infant in an incubator.

Should any member have knowledge of the whereabouts of the film, he would be doing Dr. Sutherland a great favor by getting in touch with him at the University of Cincinnati College of Medicine, as the film was an original and no copy is in existence.

Miami County Medical Society Pays Tribute to Dr. Woodhouse for Continuing Service

The Miami County Medical Society at a meeting on May 1, attended by 75 members and guests, honored Dr. George A. Woodhouse, the new President of the Ohio State Medical Association and who had served that society as secretary-treasurer for more than 25 years prior to several years ago when he gave up that office in order to devote more time to OSMA and AMA activities.

The society surprised Dr. Woodhouse by presenting him with a radio and by adopting the following resolution of appreciation:

> WHEREAS, A distinguished member of our Medical Society has just been inducted into the highest office of our State Medical Association, and
>
> WHEREAS, This honor comes after many years of faithful service and able leadership on a local, state and national level, and
>
> WHEREAS, The members of this Society appreciate his efforts in making Miami County Medical Society a prominent rural group, and
>
> WHEREAS, Every doctor knows the sacrifice that is required to take an active part in organized medicine and the great importance of this work to the medical profession today,
>
> THEREFORE, BE IT RESOLVED, that the Miami County Medical Society extend to George A. Woodhouse, President of the Ohio State Medical Association, our most sincere congratulations and best wishes for the big task that lies ahead in directing this great organization and, that he be made an honorary president of the Miami County Medical Society.
>
> Adopted May 1, 1958.

The meeting started with a dinner, followed by a narrated film "By Jeep Around the World," a contribution of Cincinnati architect, Ted Baumiller.

Quite a number of members of the Shelby County Medical Society joined the Miami County physicians in this delightful evening.

Journal To Run Series of Articles on Physicians and Social Security, Preliminary To Member Poll This Coming Fall; Submit Material and Opinions If You Desire

SHOULD, or should not, physicians be covered by Old Age and Survivors Insurance under the Social Security Program?

All members of the Ohio State Medical Association will be polled on this question —probably in October. Such a poll was ordered by the House of Delegates at the 1958 Annual Meeting.

In the July, August and September issues of *The Ohio State Medical Journal* there will appear material—pro and con—on this subject. This was ordered by the House of Delegates at this year's meeting.

Members who may have material on either the pro or con side of this question or who may care to express their own opinions for publication may do so, by communicating with the Columbus Headquarters Office. This should not be regarded necessarily as assurance that the material or opinions submitted will be published as that will depend on how much material is received and its comparative value.

Watch for the articles starting in the July issue.

Premedical Education Group Holds Conference at Ohio Wesleyan

"Medicine and Religion" was the topic discussed at the third annual Spring conference sponsored by the Rice Foundation for Premedical Education on the campus of Ohio Wesleyan University, Delaware, Sunday, April 27. The Foundation is composed of physicians who took their undergraduate premedical training at Ohio Wesleyan.

Speakers at the morning session were: Dr. George T. Harding, III, Columbus, and Dr. Howard M. LeSourd, executive assistant to Dr. Norman Vincent Peale, New York City.

Following dinner, President Arthur S. Flemming of Ohio Wesleyan moderated a panel discussion. Panel members were: Dr. Claude S. Perry, Columbus, chairman of the Foundation; Rev. Sidney Mayer, executive secretary, Interboard Council, Ohio Conference of the Methodist Church; Dr. Frederick T. Merchant, Marion; Charles B. Mills, chairman of O. M. Scott & Sons, Marysville, and president of the Ohio Wesleyan Board of Trustees; Dr. Harding and Dr. LeSourd.

The program was arranged by Dr. Perry, Prof. William A. Manuel, chairman of the Chemistry Department and Premedical Advisor at Ohio Wesleyan, and George H. Saville, Director of Public Relations, Ohio State Medical Association, a member of the Foundation's executive committee.

Approximately 100 physicians, their wives and premedical students attended the conference.

Do You Know? . . .

Dr. H. W. Lawrence, medical director of the Proctor and Gamble Company, Cincinnati, was elected President of the Industrial Medical Association at the 13th National Industrial Health Conference in Atlantic City. Dr. Lawrence is associate professor of industrial medicine University of Cincinnati, and recently was appointed to the OSMA Committee on Industrial Health and Workmen's Compensation.

* * *

Dr. J. W. Wilce, Columbus, spoke before a session of the Wisconsin State Medical Association annual meeting on the subject, "Medical Aspects of the Current Athletics and Sports Picture." Dr. Wilce reported on a 27-year study of athletes which covered cardiac effects of athletic stress. A member of long standing on the Ohio State University student health service, he is a member of the OSMA Committee on School Health.

* * *

Dr. Alan R. Moritz, professor of pathology and director of the Institute of pathology at Western Reserve University, was elected president of the American Association of Pathologists and Bacteriologists at its meeting in Cleveland April 24.

* * *

Dr. George M. Leiby, manager of the Veterans Administration Research Hospital, Chicago, has been named area director of professional services in the Columbus, Ohio, VA area medical office.

Auxiliary Report to OSMA . . .

Review of Year's Activities Are Presented by Auxiliary President to The OSMA House of Delegates at the 1958 Annual Meeting in Cincinnati

By MRS. V. R. FREDERICK, Urbana

I AM indeed happy to be able to be a participant in this "first"— the first report made by your Auxiliary to the House of Delegates to the Ohio State Medical Association.

We feel we are an Auxiliary to the greatest profession in the world—and we attempt to perform the real function of an Auxiliary, i. e. to act under the direction, with the permission and with the aid of the Medical Association.

But, first of all, I would be extremely remiss in my duty if I did not express the Auxiliary's thanks to you for your generous financial assistance. And, I have evidence to prove that we are as all women! We could hardly wait to spend part of it!

This is "Rx for County Auxiliaries," a guide and tool which will be given to each county Auxiliary, in order that our efforts on your behalf may become even more worthwhile.

Our most earnest thanks go to our advisors, representing you and The Council, who have given of their time and wisdom during the past year.

Of necessity, part of this "report" to you will be statistical, in that we would like to have you know more about us.

In Ohio, we have 60 organized county Auxiliaries, with just over 5000 members. Obviously, to make our work unified and representative of all the Medical Societies, we hope in coming years to have Medical Auxiliaries in every county. For, only then, will we be doing all we are capable of doing for you, the Ohio State Medical Association—and that is our one objective. Our only reason for being.

PR for Medicine

The activities of the Auxiliary are carried out in many fields, but all carry out our aim to further good public relations for the medical profession. We have worked in the fields of civil defense, safety, legislation, and mental health, among others; and we have used the mediums of newspapers, TV, radio, and other visual education techniques to create interest among lay-people in these fields.

Almost half of our county organizations have assisted hospitals in their communities. Many Auxiliaries have invited dental, druggist, and bar auxiliaries to their meetings, to further our public relations with these groups.

Throughout the state, Medical Auxiliaries have distributed over 60,000 Health Wallet Cards and 30,000 Family Health Record Books.

However, we have, during 1957-58, placed special emphasis on certain projects at the request of our parent bodies—the Ohio State Medical Association and the American Medical Association.

Mrs. V. R. Frederick, President of the Woman's Auxiliary, presents the Auxiliary Annual Report before the House of Delegates.

First, the AMA, from the very beginning of an Auxiliary, has asked us to encourage the distribution of *Today's Health* magazine, the one authorized medical publication directed at the layman. This year, the Auxiliary in the state of Ohio has been credited, to date, with 4871 points. (One point is earned by each one year subscription.)

We know that you recognize the importance of this magazine to your own patients. Therefore, we have urged that it be put in doctors' offices, dentists' offices, beauty parlors, and other public waiting rooms.

Many Auxiliaries have purchased subscriptions for their schools and hospitals. One Auxiliary is now including the cost of a subscription for each member of their yearly dues.

We have discovered one fact, which I'm sure you already know, and that is that the lay-reader is indeed interested in *Today's Health,* once he has been introduced to it. He wants to know about his health—it's a matter of life or death to him!

Also, in response to the request made by this House of Delegates in 1957, we have encouraged and sponsored the Essay Contest of the Association of American Physicians and Surgeons, concerning the private practice of medicine and the American way of life. Ohio has had over 300 entries in this contest, four of which have been selected to be sent on to the national level.

One county Auxiliary offered cash awards to students in their community to encourage participation. It is our hope that such a practice will become more general in future years.

Student Nurse Aids

And, the Auxiliary's activities in recruiting students in the fields of nursing, medical technicians, medical social workers, etc., in Ohio is particularly outstanding.

For example, did you know that Medical Auxiliaries throughout the state offer 41 scholarships to students in these fields? That there are 23 loan funds available through Auxiliaries? That 20 outright awards are made by Auxiliaries to deserving students in professions allied with the field of medicine? Did you know that 20 counties sponsor one or more Future Nurse Clubs in their high schools?

In addition, 12 smaller counties employ other recruitment methods in their counties. Every Auxiliary in the state of Ohio is doing something in the field of recruitment!

We are a working public service organization—working in your interest, by working to secure better health for all our citizens.

And so, lastly, perhaps the most tangible evidence of our work, is in the field of American Medical Education Foundation, interested in promoting the training of future doctors and thus better medical care. With only one or two exceptions, every organized county Auxiliary in Ohio has contributed to this cause. And, at the personal request of Dr. Martin, on your behalf, we will be stressing Medical Education Week, April 20-26 throughout the state. Through special emphasis, we shall endeavor to help the layman recognize the importance of good medical education in the interest of good medical care.

Send Your License Number To BWC; Don't Penalize Yourself

Several hundred Ohio physicians are unnecessarily slowing up payment of their fees in industrial accident cases, according to the Bureau of Workmen's Compensation. These physicians have failed to furnish BWC with the number of their State Medical Board license as requested by BWC last November. This request also was publicized in The Ohio State Medical Journal and the OSMAgram.

BWC has mechanized its procedure for payment of medical bills. Since punch equipment is used, it is necessary to identify each physician by a code number. This code number is based on the number of his State Medical Board license. The system has speeded up payment of medical fee bills.

If you haven't sent in your Medical Board license number to the Bureau of Workmen's Compensation, do so immediately. You're not only penalizing yourself by delaying this relatively simple chore, you are causing extra clerical work at BWC that could well be used for other purposes. The address is: State Office Bldg., Columbus, 15.

The National goal for contributions to AMEF is $150,000—and during 1957-58, the Woman's Auxiliary to the Ohio State Medical Association has contributed, to date, more than $13,000.00. We hope to reach Ohio's goal of $15,000 by the last of May. Our congratulations go to Mrs. Warren F. Mills of Bellefontaine for her outstanding work in this area.

This, then, is the most tangible evidence I can present to you of our work for you. This, we feel, is one of our greatest achievements.

We are an Auxiliary. We are "at your service." It is our aim to do whatever you ask, whenever you ask it. For we wish to uphold the same high standards you represent in the Ohio State Medical Association.

Dr. W. H. Willis, Lake County Health commissioner, has resigned effective the end of the year to return to the African mission field. He was medical missionary for the Congregational Church from 1930 to 1940.

Woman's Auxiliary Annual Meeting . . .

A Busy Three Days of Activities Marked the Program and Business Sessions of Doctors' Wives During Their Convention in Cincinnati

WOMEN'S activities began on Monday, April 14, with the pre-convention board meeting in the early afternoon. During recess from 3:00 to 5:00 p. m., the Auxiliary to the Academy of Medicine of Cincinnati was hostess for a tea to which all Auxiliary members were invited.

Highlight of Monday evening was the report of the year's activities given before the House of Delegates of the State Association by Mrs. V. R. Frederick, president. This was a first for the Auxiliary.

Official business sessions began Tuesday morning, April 15, with Mrs. Frederick presiding. The Reverend John S. Queen, Dayton, brother of Mrs. Frederick, gave the invocation. After the pledge of allegiance to the flag and the pledge of loyalty to the Auxiliary, greetings were extended to the delegates and guests by Dr. George Schwemlein, president of the Academy of Medicine of Cincinnati; Mrs. Gaston B. Hannah, president of the Auxiliary to the Cincinnati Academy; and Mrs. John Pond, president-elect of the Champaign County Auxiliary.

After several reports and the President's address, recess was called and the annual Doctors' Day luncheon was held in the Hotel Sinton Ballroom. This luncheon honored Dr. Robert Martin, President of the State Association; Dr. George Woodhouse, OSMA President-Elect; Dr. George Schwemlein, President of the Academy of Medicine of Cincinnati; Dr. James Jarvis, Dr. C. L. Pitcher, and Dr. Carl Gustafson, Advisory Committee; Dr. Merrill Prugh, AMEF chairman for the OSMA; Dr. and Mrs. Frederick and Dr. and Mrs. C. H. Bell. A beautiful program of songs, both popular and operatic, was given by Marian Spelman.

Business sessions reconvened at 2:30 p. m. ending with a three-part program entitled "Maybe This Will Help" for county Auxiliary members. In the evening several members of the Gavel Club (past-presidents) met for dinner and informal discussions about Auxiliaries.

Wednesday Program

Wednesday morning's sessions opened with the invocation by the Reverend Malcolm Hooker, Urbana. This session was highlighted by the presentation of many certificates, given county auxiliaries for excellent work in AMEF, *Today's Health* and credits and awards.

Recess was followed by cocktails and luncheon. The H. & S. Pogue Company presented a fashion show of the latest styles which was enjoyed by all as shown by spontaneous applause.

The following were honored at the Wednesday luncheon: Mrs. Paul C. Craig, president of the Woman's Auxiliary to the American Medical Association; past-presidents and honorary members of the Woman's Auxiliary to the OSMA; state board members; and out of state and other guests—Mrs. J. Andrew Bowen, president of the Woman's Auxiliary to the Kentucky State Medical Association; Mrs. Robert Reagan, president-elect, Woman's Auxiliary, Michigan; Mrs. Edward P. Dennis, president Woman's Auxiliary, Pennsylvania; Mrs. J. C. Huffman, president, and Mrs. G. Thomas Evans, president-elect, Woman's Auxiliary, West Virginia, and Mrs. H. V. Gieringer, president of the Woman's Auxiliary to the Ohio State Dental Association.

The Wednesday afternoon business session was called to order. The Auxiliary was honored to have the three advisors from the OSMA at this meeting.

After the reading and adoption of several resolutions, Mrs. Paul C. Craig, national president, installed the new officers. Mrs. Frederick presented the gavel and president's pin to Mrs. C. H. Bell, the new president, and Mrs. A. Paul Hancuff, president of the Gavel Club, presented the past-president's pin to Mrs. Frederick.

After an inspiring and instructive inaugural address by Mrs. Bell, the Eighteenth Annual Convention of the Woman's Auxiliary to the OSMA was adjourned.

Appreciation for planning and hospitality in Cincinnati was expressed to the convention chairmen, Mrs. Charles W. Hoyt and Mrs. Carl F. Schilling.

On Thursday, April 17, an innovation, brunch and a post-convention board meeting was open to all auxiliary members.

Officers Elected

The roster of newly elected officers with their addresses is listed on page 697 of this issue.

District directors are the following: First, Mrs. Herbert Warm, Hamilton; Second, Mrs. R. D.

Hendrickson, Xenia; Third, Mrs. Stephen P. Churchill, Kenton; Fourth, Mrs. C. J. A. Paule, Toledo; Fifth, Mrs. James N. Wychgel, Shaker Heights; Sixth, Mrs. Edward Bauman, Warren; Seventh, Mrs. C. F. Goll, Steubenville; Eighth, Mrs. J. R. Wells, Newark; Ninth, Mrs. George W. Cooper, Waverly; Tenth, Mrs. Rivington Fisher, Columbus; Eleventh, Mrs. John L. Jones, Medina.

Committees

Standing Committee Chairmen and Directors-at-Large are the following: Historian-Archives, Mrs. William H. Evans, Youngstown; Legislation, Mrs. Harry L. Fry, Cincinnati; Program, Mrs. Herbert F. Van Epps, Dover; Public Relations, Mrs. Lester W. Sontag, Yellow Springs; Publicity, Mrs. William J. Horger, East Liverpool; *Today's Health* and *Bulletin*, Mrs. Morton E. Block, Dayton.

Special Committee chairmen are: American Medical Education Foundation, Mrs. Geo. W. Cooperrider, Columbus; Civil Defense, Mrs. Francis Visconti, Fremont; Convention chairman, Mrs. Homer Anderson, Columbus; Convention co-chairman, Mrs. Edward Turner, Columbus; Credits and Awards, Mrs. S. L. Meltzer, Portsmouth; Members-at-Large, Mrs. M. S. Huber, Bettsville; Mental Health, Mrs. Philip T. Doughten, New Philadelphia; Nominations, Mrs. V. R. Frederick, Urbana; Nurses Loan Fund and Recruitment, Mrs. Joseph Hertsberg, Toledo; Parliamentarian, Mrs. A. Paul Hancuff, Maumee; Reference and Revisions, Mrs. Karl F. Ritter, Lima; Safety, Mrs. Walter Kramer, Chillicothe; Television-Radio and Visual Education, Mrs. Earl Young, Youngstown.

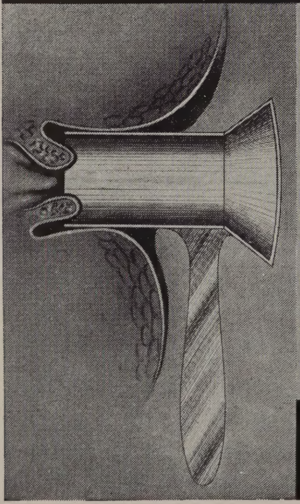
Auxiliary News Staff: Editor, Mrs. N. M. Reiff, Washington C. H.; Circulation Manager, Mrs. J. Martin Byers, Greenfield; Advertising Manager, Mrs. Boni Petcoff, Toledo.

Advisory Committee (all members of The Council of the OSMA): Dr. C. L. Pitcher, Portsmouth, chairman; Dr. H. T. Pease, Wadsworth, and Dr. C. A. Gustafson, Youngstown.

Cincinnati Area G. P's.

"E. N. T. Problems and Allergic Respiratory Disease" was the subject of a seminar presented by the Southwestern Ohio Society of General Physicians at the College of Medicine Auditorium in Cincinnati.

Dr. Hugh H. Hussey, who was elected to the A.M.A. Board of Trustees in June 1956, will become dean of the Georgetown University Medical School on July 1. He has been serving as professor of medicine and head of the department.



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Ohioan New Head of HEW . . .

Arthur S. Flemming Resigns As Ohio Wesleyan University President To Accept Appointment as Secretary of Important Federal Department

DR. ARTHUR S. FLEMMING, president of Ohio Wesleyan University, Delaware, has been named by President Eisenhower to succeed Marion B. Folsom as Secretary of Health, Education and Welfare. This is subject to confirmation by the Senate.

A native of Kingston, N. Y., Flemming graduated at Ohio Wesleyan in 1927, followed by graduate training at American University and George Washington University in Washington, D. C.

Dr. Flemming

Following 10 years as instructor, Director of the School of Public Affairs and Executive Officer of American University, he was appointed a Republican member of the U. S. Civil Service Commission in 1939, a post he held until 1948 when he became President of his Alma Mater.

During World War II, Flemming was chairman, Management-Labor Policy Committee, War Manpower Commission. He was a member of the Commission of Organization of Executive Branch of Government (Hoover Commission) 1947-49, 1953-55. He also held several other important Federal committee appointments in the field of manpower and personnel management.

Flemming was on leave from the presidency of Ohio Wesleyan University from 1953 to 1957, during which he was Director, Office of Defense Mobilization, a statutory member of the National Security Council, and by invitation of President Eisenhower, a participant in meetings of the Cabinet.

Numerous Responsible Posts

Among the many non-governmental organizations which Flemming has served are: American Heart Association; President's Committee on Employment of the Physically Handicapped; National Advisory Council—Welfare of the Blind, Inc.; Ohio Society for Crippled Children—1957 Easter Seal chairman; Administrative Committee of the Commission on Higher Education; National Council of Churches; Chairman, St. Lawrence Waterway Committee; Chairman, Commission on Survey of Dentistry of the American Council on Education; Chairman, Ohio Citizens Committee on Highways and National Fund Vice Chairman in Ohio for the American Red Cross.

The recipient of many honorary degrees for his attainments from universities throughout the country, and the Medal of Freedom from President Eisenhower for service as Director of the Office of Defense Mobilization, 1953-57, Flemming assumes the important Cabinet post of Secretary of Health, Education and Welfare, with a distinguished record of accomplishment in the fields of education and public service.

Average Citizen Visits Doctor Nearly Five Times a Year, Survey Shows

The American people visited their physicians during the months of July, August and September, 1957, at a rate of almost five times a year, according to data gathered through household interviews by the U. S. National Health Survey.

The report, entitled "Preliminary Report on Volume of Physician Visits, United States, July-September 1957," is the first of a continuing series.

Future reports in the series will deal with disability, hospitalization, injuries, chronic illnesses and related health matters.

The report on physician visits points out that the interviews occurred at a time of year when people are normally least likely to call the doctor. The report notes that last year, however, respiratory diseases were probably at above-average levels.

Nine out of 10 of the physician visits were in the physicians' offices, the report shows.

Persons living on farms used physicians' services during the quarter at a rate of 3.6 visits a year, compared with 4.5 for the rural nonfarm population, and 5.1 for the urban population. Visits for general check-ups were somewhat less frequent for the farm population than for either of the other two residence groups.

Health Survey reports are based on continuing nationwide household interviewing conducted for the Public Health Service by the U. S. Bureau of the Census, on a representative sample of the population.

Ohio Medical Indemnity . . .

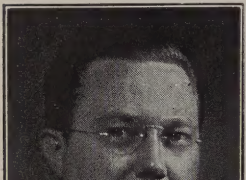
Annual Report Shows Increase of More Than 123,000 Persons Covered By Blue Shield in Ohio During 1957; Directors and Officers Elected

OHIO MEDICAL INDEMNITY, INC., Ohio's Blue Shield plan, which is sponsored by the Ohio State Medical Association, ended the year 1957 with 920,889 contracts in effect, covering 2,284,564 persons, stockholders of the company were advised at the annual stockholders meeting on April 23 at the home office, 3770 N. High Street, Columbus. This represented an increase of 49,606 contracts and 123,447 persons covered during 1957. Nationally, OMI continues as the fourth largest Blue Shield plan. The 73 plans of the country acquired 2,676,000 new members during 1957, making the year-end total 41,479,000.

At the annual stockholders meeting, directors for the ensuing year were elected and the new directors, meeting subsequently, elected officers as follows:

Officers Elected

President, Dr. H. M. Clodfelter, Columbus; vice-president, Dr. R. Dean Dooley, Dayton; executive vice-president, Mr. Charles H. Coghlan, Columbus; secretary - treasurer, Mr. Charles S. Nelson, Columbus; assistant secretary - treasurer, Mr. Frank W. Van Holt, Columbus.



H. M. Clodfelter, M. D.
New OMI President

Dr. Clodfelter succeeds Dr. C. C. Sherburne, Columbus, who retired from the board after serving since the organization of OMI in 1946. Others who retired after having served on the board since the beginning of the company were Dr. Carll S. Mundy, Toledo, who served as president several years ago, and Dr. Robert T. Allison, Jr., Akron, who had served many years on the executive committee.

Directors elected to succeed Drs. Sherburne, Mundy and Allison were: Dr. Robert S. Martin, Zanesville; Dr. Perry R. Ayres, Columbus; and Dr. Gordon M. Todd, Toledo.

Directors re-elected in addition to Dr. Clodfelter and Dr. Dooley were: Mr. D. A. Endres, Youngstown; Dr. D. W. English, Lima; Mr. Clair E. Fultz, Columbus; Dr. Charles N. Hoyt, Chillicothe; Mr. Fred D. Learesy, Columbus; Msgr. Robert A. Maher, Toledo; Dr. J. Stewart Mathews, Cincinnati; Mr. Richard L. Ross, Columbus; Dr. George L. Sackett, Cleveland; Dr. L. Howard Schriver, Cincinnati; Mr. Harold W. Slabaugh, Akron; Dr. Robert G. Smith, Circleville; Mr. David L. Temple, Dayton; Mr. James V. Walker, Columbus; Dr. Edmond K. Yantes, Wilmington; Dr. Sterling C. Yinger, Springfield.

President Clodfelter appointed the following as members of the executive committee: Dooley, chairman, Hoyt, Sackett, Yantes, Yinger, Smith, Martin, Fultz and Slabaugh.

Other committees appointed by President Clodfelter are:

Future and Past Coverage Committee: Dr. Edmond K. Yantes, Chairman; James V. Walker, Dr. D. W. English, Dr. R. G. Smith, Dr. Perry R. Ayres, Dr. J. Stewart Mathews.

Extended Benefits and National Enrollment Committee: Dr. Charles N. Hoyt, Chairman; Dr. Starling C. Yinger, Dr. L. Howard Schriver, Msgr. Robert A. Maher, Fred D. Learey, Dr. Gordon M. Todd.

Investment Committee: Clair E. Fultz, Chairman; Dr. H. M. Clodfelter, Frank W. Van Holte, Dr. Starling C. Yinger.

Blue Cross and Public Relations Committee: Harold W. Slabaugh, Chairman; Dr. George L. Sackett, D. A. Endres, Dr. Robert S. Martin, David L. Temple, Richard M. Ross.

In his report to the board of directors, Executive Vice-President Coghlan reviewed the activities of OMI during 1957 and commented on some of the projects to be undertaken by the company during the ensuing year. The following is abstracted from Mr. Coghlan's report and a financial report given by Mr. Van Holt, assistant secretary-treasurer:

For the last two years new groups have been enrolled by OMI in either the Standard or the Preferred Package Plans. Both contracts provide the same scope of benefits but with different payment and premium schedules.

In the midyear 1956 a conversion program was started to upgrade existing contracts from surgical only to the package benefits of surgery, anesthesia and in-hospital medical care.

At the end of 1957 a substantial number of these contracts had been converted. As an example: Of 728,000 Standard Contracts in force December 31, 1957, over 512,000 were Standard Package. The remaining 216,000 are being converted as time and circumstances permit.

The success of this conversion has improved OMI's public and professional relations. Previously, many subscribers thought they had anesthesia and in-hospital medical benefits, filed claims and received a letter of rejection. Now such claims are being paid.

Ohio Medical also has available a limited Non-Group Contract for "over-the-counter" sales. It is restricted, with waiting periods on many elective operations and does not carry maternity benefits. However, it is for sale at any time, to anyone (no age limit), and has been a help to those individuals who have not been able to secure protection through group arrangements. In 1957, 5,992 additional Non-Group Contracts were added, bringing contract count in this category to 17,841.

Enrollment Problems

In 1957 there arose growing dissatisfaction with Ohio Medical benefits among subscribers and within the medical profession.

In 1952, as a result of a survey on doctors' charges versus payments OMI introduced its Preferred Contract. The benefits for surgical procedures were greater and anesthesia was incorporated in this contract. The sale of this contract has been disappointing. It has been on the market for six years and only 18 per cent of OMI membership have these additional benefits.

The continued rise in costs of all segments of the economy, including medicine, pushed the Standard Contract lower on the ladder. The goal of providing a payment to the subscriber sufficiently high enough to pay a substantial part of his medical bill became farther away.

In '57 actions were started to correct this condition and to regain the support of both subscribers and physicians.

It was decided to eliminate the inadequate Standard Contract and to replace it with a contract providing benefits commensurate with current physicians' charges. To determine current charges OMI conducted a survey in which subscribers were asked to indicate what they had been charged. From the results of this survey OMI will develop a new contract.

The sale of this new contract to new groups will not be difficult since this will be the only "product" OMI will have for sale.

The conversion of 2¼-million members to the new contract, however, will not be an easy task.

The successful conversion to this better contract in the coming months is going to require the utmost co-operation and support of the medical profession, OMI officials are certain. OMI will ask physicians to recommend the higher coverage to their patients.

There has been a demand for expansion of coverage and for "extended benefits" contracts. These requests are prompted by the competition of a variety of contracts now being offered by the insurance industry. The position taken by Ohio Medical in this relationship is that the subscribers must first be provided with adequate basic benefits before launching into "extended benefits."

Future Activity

OMI officials have met with committees from radiology and pathology, and OMI is now developing coverage for diagnostic x-ray and pathology services. This contract will be ready in the near future. The question of whether to offer it on a rider basis or incorporate it into the basic contract will be discussed in an early meeting.

The change in the subscribers' contract to include certain surgical services by chiropodists and dentists will be accomplished soon.

Present plans provide that all subscribers will receive this benefit without an increase in premium.

The year of 1957 was an important year in the history of Ohio Medical. It brought out the recognition of existing problems and the decisions to correct them.

In the year 1957, Ohio Medical Indemnity had a gross premium income of $21,644,000.00, of which $17,713,000.00 was returned to subscribers in the form of claim checks. This represented a return of 81.84 per cent of the premium dollar. The sum of $2,234,000.00 was added to the general reserve, increasing this reserve to almost $12,000,000.00.

A review of the 73 Blue Shield plans in the country reveals that 1957 was almost a "break-even" year. The national percentage of utilization rose to 88.01 per cent. The utilization for Ohio Medical Indemnity for the first quarter of 1958 has increased to 83.48 per cent, which represents a 1.8 per cent increase over the first quarter of 1957.

In the year 1957 OMI paid a total of 318,171 claims. Currently, it is averaging nearly 28,000 claims per month, which is 2,500 more claims per month than the comparable period in 1957. The average claims paid per working day is 1,300, representing over $72,000.00 paid per day.

Gamma Globulin . . .

Reported Lack of Availability Explained by Health Director Who Draws Distinction Between That Furnished by Red Cross and Commercial Supply

THERE have been increasingly frequent inquiries of the state and local health departments by private physicians concerning the occasional lack of availability of gamma globulin. Because there is apparently a misunderstanding about this shortage, *The Journal* obtained the following facts from Dr. Ralph E. Dwork, director, Ohio Department of Health:

The free gamma globulin distributed is supplied entirely by the American Red Cross with the state and local health departments being responsible for equitable distribution. The state and local health departments are not empowered to purchase this material.

Because there has been a gradual decrease in the amount of blood processed, the supply of gamma globulin has been correspondingly lowered during the past two years so that at present it is approximately 80 per cent of what had been available before.

No Strict Rules

There are at present no strict rules governing the distribution in any local area since all requests in the past had been easily met and there usually had been a surplus available even under these circumstances. The decision for its proper use had been left mainly to the private physician requesting it and the ease with which he is able to obtain it varies with each local area.

The Ohio Department of Health has not as yet placed any formal restrictions as to the conditions under which the local health departments may fill requests, but it has indicated to them those conditions for which gamma globulin has known effectiveness and has requested that they check more carefully into the reasons for its use.

Why the Shortage

It is thought that the effects of the short supply of gamma globulin are being magnified by (1) an especially high incidence of measles this year; and (2) because physicians are employing it for purposes other than those for which it has known effectiveness such as repeated injections of patients who have recurrent respiratory illnesses. While the rationale of such ingenious therapeutic regimens may be theoretically sound, such use of a publicly distributed product in uncontrolled fashion can hardly be justified, especially if it makes this product unavailable for conditions where it has known efficacy, Dr. Dwork said.

At the present time, it is neither contemplated nor desired to regulate the distribution of gamma globulin more closely, but if the present shortage persists it may be necessary that local health departments require a formal accounting on an individual patient basis both as to the amount and reason for its use and to restrict its use to those conditions where its effectiveness has been proved.

The free gamma globulin is not made available on the basis of inability to pay but rather on the basis of its usefulness for a particular condition. The purpose of the health department in supplying this service is to see that it is made available on an equitable basis.

Ohio State Cites Two Physicians With Alumni Awards

Dr. Hugh G. Beatty, Columbus, and Dr. Howard F. Polley, Rochester, Minn., received the "Alumni Achievement Awards" of Ohio State University's College of Medicine.

Presentation was made by Dr. Charles A. Doan, dean of the college, at a luncheon meeting on the campus, during the university's 5th annual medical alumni reunion.

The two physicians were cited for "outstanding professional attainment and . . . distinguished service to mankind through an unswerving devotion to the highest ideals in the practice of the art and science of medicine."

Some 325 graduates of the medical school attended the day-long reunion events.

Dr. Beatty, a professor emeritus of otolaryngology in the College of Medicine, was a member of the medical teaching staff for 35 years before his retirement in 1951.

Dr. Polley, born and reared in Columbus, earned his medical degree from Ohio State in 1938 and a master's degree in medicine from the University of Minnesota. He has been associated with the Minnesota Graduate School's medical faculty at the Mayo Foundation for 12 years. He took part in the original clinical investigations of cortisone and ACTH in rheumatoid arthritis.

Shoe Fitting Fluoroscopes . . .

Use of These Devices Prohibited in Ohio by Department of Health Acting Under Authority of Legislative Act, Except by Physician or Chiropodist

THE use of fluoroscopes for shoe fitting purposes, other than by a physician or a chiropodist, was prohibited in Ohio as of May 1, 1958.

This action was taken by the Public Health Council of the Ohio Department of Health at a public hearing in Columbus, April 12, through the adoption of Regulations 425 and 426 reading as follows:

"**Regulation 425.** On and after May 1, 1958, the use of fluoroscopes for shoe fitting purposes, other than by a physician or a chiropodist, is hereby prohibited.

"**Regulation 426.** The sale, lease, loan, donation or other transfer of shoe fitting fluoroscope equipment, used prior to the effective date of this regulation, except to physicians, chiropodists, hospitals, medical and dental schools, accredited colleges and universities, and manufacturers, wholesalers and retailers of such equipment is hereby prohibited."

Authority for the issuance of these regulations came from the enactment of Amended House Bill 294 by the 102nd Ohio General Assembly last year. The bill was introduced by Hon. A. C. Lancione who represents Belmont County in the Ohio General Assembly. In explaining why passage of the bill was necessary to protect the health of the public, Mr. Lancione used authoritative material which had been secured for him by the OSMA headquarters staff from the American Medical Association and from medical societies in several states where similar legislation has been enacted.

Supporting testimony was given by Dr. Ralph E. Dwork, State Director of Health, who pointed out the potential danger of radiation from shoe fitting x-ray machines. He estimated that there were currently as many as 800 fluoroscopes in use in Ohio shoe stores.

A member of the OSMA headquarters staff testified at hearings on the bill before the House Committee on Health and the Senate Committee on Education and Health. He told the legislators that the bill had the endorsement of The Council of the Association, and urged that it be recommended for passage. Favorably acted upon by these committees, the measure passed the House by a vote of 95-1. The Senate vote was 29-0. Gov. C. William O'Neill signed it on June 10, 1957.

As amended by AHB 294, Section 3701.13 of the Revised Code now reads as follows: (amendment in italics)

"Sec. 3701.13. The department of health shall have supervision of all matters relating to the preservation of the life and health of the people and have supreme authority in matters of quarantine, which it may declare and enforce, when none exists, and modify, relax, or abolish, when it has been established. It may make special or standing orders or regulations *for preventing the use of fluoroscopes for non-medical purposes which emit doses of radiation likely to be harmful to any person,* for preventing the spread of contagious or infectious diseases, for governing the receipt and conveyance of remains of deceased persons, and for such other sanitary matters as are best controlled by a general rule. It may make and enforce orders in local matters when an emergency exists, or when the board of health of a general or city health district has neglected or refused to act with sufficient promptness or efficiency, or when such board has not been established as provided by sections 3709.02, 3709.03, 3709.05, 3709.06, 3709.11, 3709.12, and 3709.14 of the Revised Code. In such cases the necessary expense incurred shall be paid by the general health district or city for which the services are rendered."

Activities of The Editor

Dr. Jonathan Forman, Columbus, Editor of *The Journal,* participated in an instruction course of the American College of Allergists in Atlantic City the week of April 20, conducting a demonstration on history taking of allergic patients. He presided also at a half-day program and later conducted a workshop on medical writing.

On May 7 he conducted a workshop on medical writing at Wayne University, Detroit, on the Alumni Day of the College of Medicine.

May 25-27 were the dates for a program arranged by him on ecology of man and agriculture at Malabar Farm near Mansfield. This was one of a series of programs being arranged there under his direction.

Health Care of the Aged . . .

Joint Council Representing Major Organizations Interested in Subject, Size Up the Situation and Approach Problems with a Three-Sided Attack

BETTER health care for the nation's 14- to 15-million aged is the goal of a comprehensive program announced by the Joint Council to Improve the Health Care of the Aged, the formation of which was described in the May issue of *The Journal.*

The council's attack on the more knotty problems of health care for the aged is designed to: (1) increase opportunities for older people to obtain voluntary health insurance coverage, (2) expand health care facilities tailored to the needs of the aged regardless of economic status, and (3) develop more community health services for the aged.

The program will be implemented through the active and aggressive leadership of the council's four sponsoring organizations—the American Dental Association, American Hospital Association, American Medical Association, and the American Nursing Home Association.

"Member organizations of the Joint Council," said Dr. Edwin L. Crosby, director of the American Hospital Association and interim secretary of the council, "have already undertaken studies and work projects aimed at improving the health care of the aged." Among the many activities which these groups have undertaken or in which they have cooperated he listed the following:

What Is Being Done

(1) The American Hospital Association, in cooperation with the Public Health Service, is conducting a conference on the care of patients with long-term illnesses.

(2) An American Medical Association committee is working with the American Nursing Home Association in preparing upgraded standards for nursing homes which will result in improved nursing home care for the aged.

(3) A National Conference on Homemaker Services is being arranged under the joint auspices of the Department of Health, Education and Welfare and twenty-six national voluntary organizations including the American Medical Association. This project is aimed at reducing the financial expense of disabling illness among the elderly by performing the necessary household tasks to enable them to remain at home among their family and friends, with qualified nursing and medical attendance in the home.

(4) Six regional conferences have been held under the auspices of the American Medical Association to help doctors cope with problems of the aged, and a national conference will be held in September.

Practical Application

The Joint Council will appraise the success of these programs and seek their application through united effort.

"The long-range aim of the council is better health for all the aged," Dr. Crosby asserted. "This can be achieved by helping everyone to prepare throughout his life for the later years. Our more immediate concern is better care for the aged who are chronically ill, and better ways to meet the financial and social problems that accompany such illness."

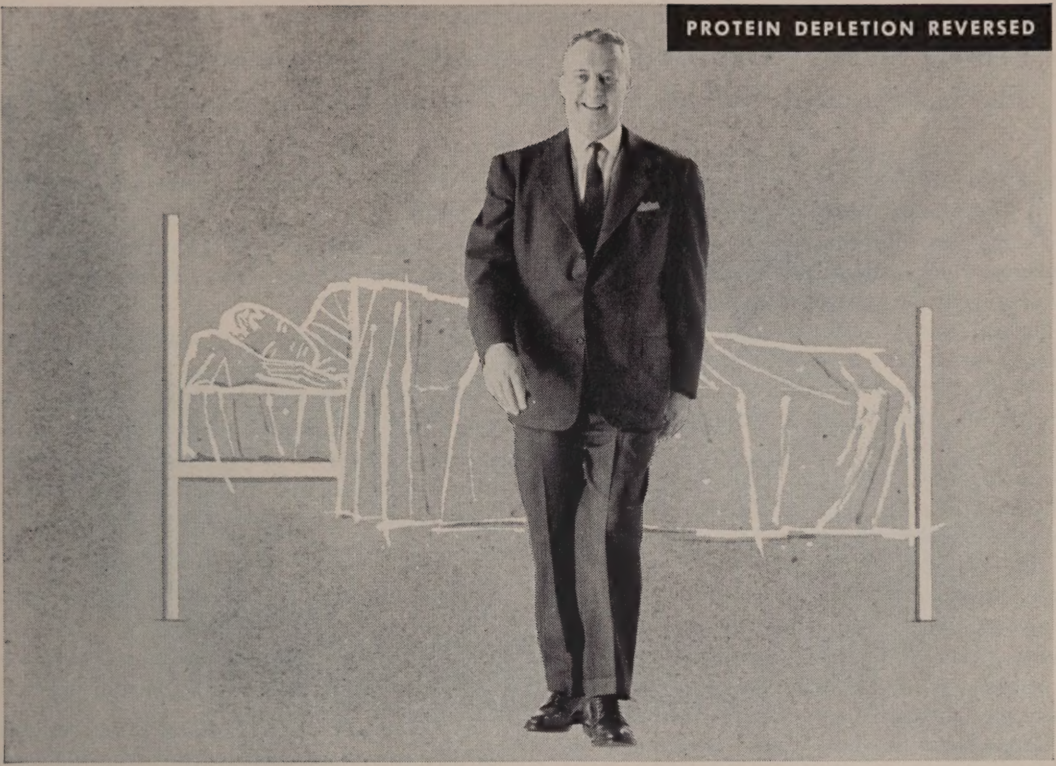
He said, "The Joint Council has found that sufficient up-to-date information concerning the problem is not available. A series of research projects has been launched to pinpoint the problems that require the most urgent attention."

"In addition," he continued, "the Joint Council will seek the expansion and improvement of health care facilities by encouraging legislative action to accelerate construction and remodeling of hospital and nursing home facilities for the aging.

To better meet the problems of the financial expense of prolonged hospitalization for chronic illnesses, the Joint Council is working with the voluntary health insurance industry, including Blue Cross and Blue Shield prepayment plans, to accelerate and broaden their programs that have already resulted in some degree of coverage of 6 million persons over 65 in a few short years.

The Joint Council has emphasized the need for state and local governments to assume their proper responsibility to indigent patients, by providing realistic financial support for medical, dental, hospital, and nursing home care for the aging who are unable to pay.

Dr. Crosby said, "The broad health care plan of the Joint Council includes an educational program at the national, state and local levels. Its purpose is to make all citizens aware of the growing health problems of the aging and what can be done by the individual to assist in this field. The council plans to enlist the continued aid and support of America's voluntary community organizations."



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Medicare Rulings . . .

Central Office Issues Bulletin Outlining Circumstances Under Which The Government Will or Will Not Pay for Care in Controversial Cases

DELINEATION of the responsibility of the Government for payment of claims covering care of controversial conditions and procedures which may or may not be considered as belonging in the general classification of "elective medical and surgical treatment" is found in a bulletin issued May 5 by the Office of Dependents' Medical Care, Washington, over the signature of Maj. Gen. Paul I. Robinson, director.

The content of this bulletin is of vital importance to the operation of the program and to all physicians handling Medicare cases. Therefore, all physicians should read the following excerpts from the bulletin carefully:

The following specific conditions and procedures are examples which are admittedly not all-inclusive; however, they are representative of the vast majority of claims and inquiries concerning questionably authorized care referred to the Office for Dependents' Medical Care. Treatment of chronic conditions is authorized only if acute exacerbations or acute complications exist; or if surgical or other treatment procedures are expected to result in functional improvement. Comments for each condition or procedure indicate whether care rendered *is* or *is not* payable under Medicare. **Unless specific exception is made in the comment, the condition or procedure must have required hospitalization for proper treatment.**

a. **Ears:** Large, flapping, elephant-like or otherwise deformed or absent. Reconstruction and/or revisions of external ear only are elective and not payable under Medicare. Surgery performed for, and based solely on, psychological reason is not allowable. Necessary procedures for the restoration of hearing, to include reconstruction of the middle and/or inner ear and/or such part of the external ear as may be required for restoration of hearing, is allowable under the program.

b. **Eyes:** Surgery for glaucoma, cataracts, strabimus (squint) or other conditions to aid or improve the vision of the affected eye(s) is allowable. The cost of prosthetic devices or orthoptic exercises is not allowable; neither is surgery performed solely for improvement of appearance.

c. **Harelip and/or Cleft Palate:** Surgery for the initial repair, including surgery considered an integral continuing part of the initial repair, is allowable. Subsequent procedures, employed for the improvement of appearance only, are not allowable.

d. **Rhinoplasties:** When performed solely for improvement of appearance, Rhinoplasties are not allowable.

e. **Congenital Defects—Skeletal:** Allowable when prescribed treatment is required to be performed in the hospital on an "inpatient" basis. Where it is customary for plaster casts to be applied on an outpatient basis and hospitalization is not required for proper treatment, such procedures are not allowable. Examples:

(1) Clubfoot—uni- or bi-lateral.

(2) Congenital dislocation of hips—uni- or bi-lateral.

(3) Other types of congenital skeletal defects requiring casts or other treatments.

f. **Cerebral Palsy or Poliomyelitis (residuals):** Surgical procedures such as arthrodesis, osteotomies, or tendon transplants required for the improvement or restoration of function are allowable only for the pertinent period of hospitalization specifically related to the surgical procedure but not for medical care related to the basic condition. Consequently, follow-up treatments for rehabilitation of the basic condition are not authorized; neither are payments for wheel chairs, crutches, braces, and prosthetic devices, or other adjunctive surgical support items authorized.

g. **Central Nervous System—Congenital Defects:** Surgical correction of evaginations of the contents of the vertebral column, as well as hydrocephalus and other congenital abnormalities, is allowable.

h. **Supernumerary Digits and Syndactylism:** Surgery required to improve function of the involved extremity(ies) is allowable. When performed solely at the request of the patient and/or sponsor in the absence of functional impairment, payment is not authorized.

i. **Scars:** Except as provided herein, surgery or other medical treatment on well-healed scars is not authorized. Treatment of scars that are ulcerated, or show clinical evidence of malignancy, or cause contractures which impair anatomical function is allowable. Reconstructive surgery incident to an injury is allowable as a part of the continuing

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total treatment of that injury and may be performed on an outpatient basis, if appropriate.

j. **Removal of Plantar Warts, Other Warts (Verrucae), Sebaceous Cysts, Condylomata, Moles, Pigmented Nevi, Hemangiomata and/or Telangiectatic Lesions:** Authorized only if they are bleeding, ulcerated, painful, or show clinical evidence of malignancy, or if the size and location produces functional impairment.

k. **Removal of Tattoos:** Not allowable.

l. **Tubal Ligation or Other Sterilization Procedures:** Authorized for payment only when, in the opinion of the charge physician and consulting physician(s), the procedure is a necessary requirement in the proper medical management of an otherwise unrelated medical or surgical condition for which treatment is authorized under the program. Multiparity and/or the socio-economic status of the patient are not bona fide reasons for payment of sterilization procedures under the Dependents' Medical Care Program.

m. **Mammoplasty:** Surgical procedures on the breast(s) for the purpose of effecting symmetry or alteration of size are not authorized except when severe pain and/or marked disability is present.

n. **Tests and Procedures for Sterility or Fertility Influences:** Are allowable only when clinical indication of associated pathological condition causing impairment is present. Tests are not allowable when performed solely at the request or desire of the patient (sponsor).

o. **Tests for Pregnancy:** Allowable only if the patient is, in fact, pregnant; or when considered necessary for the proper conduct of maternity or postpartum care, regardless of the test results (i. e. hydatidiform mole). These tests are not allowable when requested by the patient and are found to be negative. When authorized, these tests may be performed on an outpatient basis as other antepartum or postpartum care.

Exceptional Children

p. **Services for "Exceptional" Children:** Not authorized. Examples include:

(1) Cerebral palsy treatment including surgical procedures unless they qualify under paragraph 2f, above.

(2) Speech and/or hearing therapy, or remedial reading.

(3) Psychological testing.

(4) Child guidance therapy.

Note: It is emphasized that a **basic requirement for allowability** of claims for payment for conditions or procedures identified in subparagraphs a through p, above, **is the necessity of hospitalization for proper accomplishment.** Exceptions for injury and maternity cases have been specifically identified in subparagraphs i and o, above.

3. For all conditions outlined above and other similar or questionable cases, physicians and hospitals are urged to attach a statement by the attending physician to the Medicare Claim Form (DA Form 1863) at the time it is submitted to the Fiscal Administrator. Provided the information is adequate to establish the authorization for care and provided the charges are within the applicable Schedule of Allowances, the fiscal administrator may process the claim for payment without reference to this office.

4. For all conditions outlined above and other similar or questionable cases, physicians are particularly urged to predetermine its eligibility for payment under the Dependents' Medical Care Program. A frank discussion of the entire problem with the patient and/or sponsor prior to the initiation of treatment is felt to be extremely advisable. **Physicians, hospitals, and patients must realize that the government is not liable for payment of unauthorized care.** Prior to acceptance of the patient for treatment, any questionable case should be referred to the local fiscal administrator for assistance in determining eligibility. In the exercise of this function, the fiscal administrator may seek advice from the office for Dependents' Medical Care. All pertinent facts must be submitted to the Office for Dependents' Medical Care to enable an expeditious and intelligent decision.

New Members on Advisory Committee To Selective Service Named

President Eisenhower has appointed three additional members of the National Advisory Committee to Selective Service on the Selection of Physicians, Dentists and Allied Specialists to replace members who have resigned.

The new Committee members are:

Leo H. Bartemeier, M.D., Baltimore, Maryland; medical director, Seton Institute, Baltimore, and chairman of the Council of Mental Health of the American Medical Association.

John Z. Bowers, M.D., Madison, Wisconsin; dean, University of Wisconsin School of Medicine; formerly dean of the Medical School, University of Utah.

George M. Fister, M.D., Ogden, Utah, private practice; regent, University of Utah; member, Board of Trustees of the AMA.

Other members of the Committee are: Dr. Elmer Hess, chairman, Dr. Mary Louise Gloechner, Dr. William B. Walsh, Dr. George Otis Whitecotton, Dr. Franklin Yoder, Harold W. Oppice, D.D.S., and Frances Graff, R.N.

Buckeye News Notes

Xenia—Dr. R. David Warner has been elected president of the Xenia Rotary Club and will assume that office July 1.

Doylestown—For 25 years of service to his community, both as a physician and a civic leader, Dr. Byron Eugene Neiswander was honored at a special Lion's Club meeting and was the subject for a feature article in the *Akron Beacon-Journal.*

East Liverpool—Cancer Crusade workers from eight counties, meeting in Warren, heard an address on "Importance of Early Diagnosis in Cancer," by Dr. John A. Fraser of East Liverpool.

Dayton—The Ohio Junior Chamber of Commerce has selected Dr. Kenneth D. Arn as one of the five outstanding young men in Ohio, for which he has received a 1957 distinguished service award.

Cleveland—After 23 years of voluntary service, Dr. Victor F. Woldman has retired as chief of the medical staff at Mary B. Talbert Home and Hospital. He was presented a bronze plaque for his service.

Washington Court House—Heart disease and cardiology was the topic discussed by Dr. Robert Woodmansee when he addressed a meeting of the Fayette County Professional Nurses Association.

Ashley—Waldo Town and Country Mothers' Club heard Dr. Mary Kuhn speak on "When and How to Call the Doctor."

Niles—Drs. John F. McGreevey, Richard W. Aubrey and John A. Grima, with Dr. James W. Loney as moderator, comprised a panel which discussed "A Doctor's View of Cancer," as a feature of the Niles Cancer Crusade kickoff dinner.

Ashtabula—The lead editorial in the April 11 issue of the *Star-Beacon* was an eulogy to the late Dr. Clarence E. Case, who served the area 58 years.

Mentor—Members of the Mentor Preschool Parent-Teachers Association heard a talk on "Family Immunization Program," given by Dr. H. A. Killian.

Conneaut—Dr. R. M. Bartlett of Akron, who also is moderator of the Ohio Conference of Congregational Christian Churches, was principal speaker at the Conneaut Community Men's Brotherhood Banquet.

Marion—Recent discoveries in radioactivity and its uses in medicine was the topic chosen by Dr. Charles W. Wilson in an address before the local Kiwanis Club.

Licensed Through Endorsement by State Medical Board

The State Medical Board of Ohio has issued licenses to practice medicine and surgery in the State to the following physicians through endorsement of their licenses to practice in other states, or certification by the National Board of Medical Examiners (included are intended residence and medical school of graduation):

April 1, 1958—Robert C. Ackles, Akron, Cornell University; Marshall I. Alperin, Cincinnati, Tulane University;

Peter S. Battaglia, Euclid, Univ. of Buffalo; William J. Beckmeyer, Jr., Cincinnati, Georgetown Univ.; Antone L. Bertoglio, Akron, Marquette Univ.; Willis T. Blair, Cleveland, Jefferson Medical College; Milton A. Boyd, Cambridge, George Washington Univ.; John F. Brunner, Toledo, St. Louis Univ.;

Harold E. Ciccarelli, East Liverpool, Univ. of Pittsburgh; Kenneth C. L. Clark, Cincinnati, Medical College of Virginia; David H. Clements, Jr., Cleveland, Temple University; Milton H. Clifford, Cincinnati, Harvard Medical School; John S. Collis, Jr., Cleveland, Univ. of Louisville; Rufus E. Craven, Cincinnati, Univ. of Tennessee; Samuel Gross, Shaker Heights, Univ. of Rochester; Donald A. Cryan, Toledo, St. Louis Univ.;

Forest D. Daugherty, Dayton, Indiana University; Curtis J. Fisher, Youngstown, Hahnemann Medical College; John D. Franz, Dayton, Indiana University; Charles H. Frie, Toledo, Indiana University; Avrum I. Froimson, Cleveland, Tulane University;

Lucito G. Gamboa, Youngstown, Univ. of Santo Tomas, Philippines; Louis J. Goetz, Dayton, St. Louis Univ.; Kingsbury G. Heiple, Cleveland Heights, Univ. of Chicago; John C. Herrman, Cleveland, Jefferson Medical College; George G. Hibbs, Cincinnati, Northwestern Univ.; Robert W. Hopkins, Cleveland, Harvard Medical School;

John M. Kearney, Marion, Univ. of Pennsylvania; Arthur F. Krieg, Cleveland, Tufts College; Ching Po Li, Dayton, Univ. of Utah; Fernando Lim, Cleveland, Univ. of the Philippines;

Julius L. Markowitz, Cleveland, Jefferson Medical College; Ligita G. B. Moettus, Univ. of Minnesota; Gilbert C. Morrison, Cincinnati, Tulane Univ.; John H. Muehlstein, Dayton, Northwestern University;

Herbert M. Nakata, Cleveland, St. Louis Univ.; Martha J. D. Nelson, Akron, Univ. of Pittsburgh; Eugene C. Ney, Bellaire, Univ. of Kansas; Jacob W. Old, Jr., Columbus, Washington Univ.; Wil-

(Continued on Next Page)

liam J. Paule, Lakewood, Yale University; Warren H. Pearse, Gallipolis, Northwestern Univ.;

Brady F. Randolph, Jr., Cleveland, Northwestern Univ.; Norman O. Reese, Cleveland, Univ. of Rochester; Herman Reiner, Akron, Univ. of Geneva, Switzerland; Charles W. Reynolds, Akron, Temple Univ.; Robert E. Roberts, Toledo, Indiana University;

William L. Santen, Cincinnati, St. Louis Univ.; Manuel Sarmina, Findlay, National Autonomous Univ. of Mexico; Joseph M. Schuster, Jr., Cleveland, St. Louis Univ.; Amos V. Smith, Jr., Jefferson Medical College; Robert A. Smith, Toledo, Univ. of Buffalo; Robert C. Smith, Cleveland, Univ. of Pittsburgh; William J. Staab, Jr., Cleveland, St. Louis Univ.;

Carolyn F. Taylor, Cleveland, Univ. of Oregon; Dominic A. Thomas, Piqua, Royal Univ. of Parma, Italy; Emma J. S. Yoho, Brecksville, Medical College of Virginia.

Dr. Harold Cashman, director of the Southeast Ohio Tuberculosis Hospital, Nelsonville, has resigned to accept a post as health commissioner of Belmont and Harrison Counties.

AMA Sponsors San Francisco Civil Defense Program

The American Medical Association, through its Council on National Defense, is sponsoring its Sixth Annual National Civil Defense Conference on Saturday, June 21, at the Sheraton-Palace in San Francisco. That date is the Saturday immediately preceeding the AMA Annual Session in the same city.

Dr. Hein Is Editor of New Education Yearbook

Fred V. Hein, Ph.D., of the AMA Bureau of Health Education, served as the editor of the new, completely rewritten edition of the book *Fit to Teach*, an important publication from the standpoint of health and medical care in the field of education.

Fit to Teach is the yearbook of the American Association for Physical Education and Recreation and was produced in cooperation with several other educational groups. A number of other staff members of the AMA Bureau of Health Education as well as many physicians served either as contributors or as consultants.

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*Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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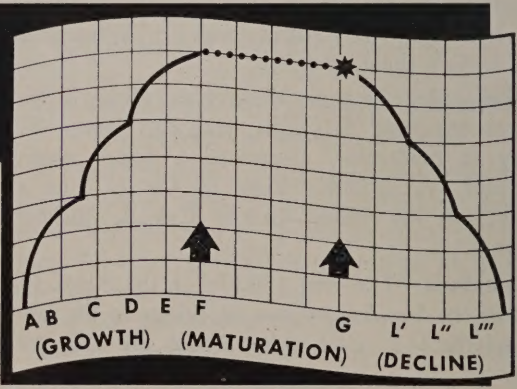

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Rutin	10 mg.	Niacinamide	20 mg.
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B-12	1 mcg.	Magnesium	5 mg.
Molybdenum	0.5 mg.	Iodine	0.15 mg.
Cobalt	0.1 mg.	Potassium	2 mg.
Copper	0.2 mg.	Zinc	1 mg.
Vitamin A	5,000 I.U.	Choline Bitartrate	40 mg.
Vitamin D	400 I.U.	Methionine	20 mg.
Vitamin E	1 I.U.	Inositol	20 mg.
Cal. Pantothenate	3 mg.		

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In Memoriam . . .

Robert M. Blair, M. D., Lebanon; Ohio State University College of Medicine, 1913; aged 70; died March 31; former member of the Ohio State Medical Association. Dr. Blair served all of his professional career in the Lebanon area, where for a number of years he operated the Blair Hospital with his brother, the late Dr. Ed Blair. Surviving are his widow and a son.

Donald S. Booth, M. D., Toledo; University of Michigan Medical School, 1928; aged 55; died April 30; member of the Ohio State Medical Association and the American Medical Association. A resident of Toledo for most of his life, Dr. Booth returned there to practice after his medical training. A sailing enthusiast, he was commodore of the Ohio-Indiana District, Lightning Fleet Association. He was a member also of the Toledo Lightning Class Association, the Toledo Yacht Club, the Masonic Lodge and Phi Chi fraternity. Surviving are his widow, two sons, two daughters, a sister and a brother.

Daniel W. Brickley, Sr., M. D., Marion; Ohio Medical University, Columbus, 1904; aged 81; died April 15; member of the Ohio State Medical Association and recipient of its 50-Year Award; member of the American Medical Association and the American Academy of Ophthalmology and Oto-Laryngology. Dr. Brickley began his practice in Galion and moved to Marion in 1913. He was a past-president of the Marion County Academy of Medicine and was active in several Masonic bodies. Surviving are his widow, two sons, one of whom is Dr. Daniel W. Brickley, Jr.; also a brother and a sister.

Elmer E. Carleton, M. D., Columbus; Starling Medical College, Columbus, 1895; aged 93; died April 4; former member of the Ohio State Medical Association, and recipient of the OSMA 50-Year Award. Dr. Carleton served most of his professional career in Columbus, and retired from active practice only five years ago. He was a deacon in the Baptist Church. A brother survives.

Clarence E. Case, M. D., Ashtabula; Western Reserve University School of Medicine, 1895; aged 87; died April 9; member of the Ohio State Medical Association and recipient of the OSMA 50-

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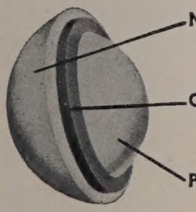

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Year Award; member of the American Medical Association; Fellow of the American College of Surgeons. Dr. Case had a long and eventful professional career in and around Ashtabula. He and his father, the late Dr. Freeman D. Case, were instrumental in building of the Ashtabula General Hospital. In 1950 he was honored for 45 years of service to the New York Central Railroad as surgeon. He was a charter member and first president of the local Rotary Club; a member of the Masonic Lodge and the Elks Lodge. His widow survives.

Frank R. Clemson, M. D., Thornville; Starling Medical College, Columbus, 1898; aged 82; died April 18; member of the Ohio State Medical Association and recipient of the Association's 50-Year Award. Dr. Clemson practiced some 60 years in the Thornville area with time out only for service during World War I in the Army Medical Corps. He was a member of the Methodist Church, several Masonic bodies and the American Legion. Survivors include a daughter, three grandchildren, a brother and a sister.

James R. Echelbarger, M. D., Ottawa; Starling Medical College, Columbus, 1906; aged 83; died April 8; recent member of the Ohio State Medical Association and the American Medical Association; recipient of the OSMA 50-Year Award. Dr. Echelbarger had been a practicing physician in and around Ottawa since 1923. He previously practiced in Piqua. He was a member and past-master of the Masonic Lodge, past noble grand of the Odd Fellows and a member of the Methodist Church. Surviving are his widow, a daughter, a sister and two brothers.

Frank P. Geraci, M. D., Cleveland; Western Reserve University School of Medicine, 1917; aged 66; died May 6; member of the Ohio State Medical Association and the American Medical Association; Fellow of the American College of Surgeons. Dr. Geraci served all of his professional career in the Cleveland area with the exception of time served in the Army Medical Corps during World War I. A founding member of his local Catholic Church, he was active in its men's organizations. He also was a member of Phi Chi and Alpha Phi Delta. Surviving are his widow, four daughters, two brothers and two sisters.

George O. Gill, M. D., Elyria; University of Illinois College of Medicine, 1896; aged 92; died April 1; former member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award; Fellow of the American College of Surgeons and diplomate of the American Board of Ophthalmology. A physician of long standing in the Elyria area, Dr. Gill was chief of staff of the Elyria Memorial Hospital for many years. During early years, he took time out to study in London, Vienna and Berlin. A member of the Congregational Church and the Masonic Lodge, he is survived by two daughters.

John F. Heath, M. D., Dayton; Eclectic Medical College, Cincinnati, 1918; aged 72; died April 3; former member of the Ohio State Medical Association. Dr. Heath was a practicing physician in the Dayton area for many years. He was a member of the Catholic Church and the Knights of Columbus. Surviving are his widow and two sisters.

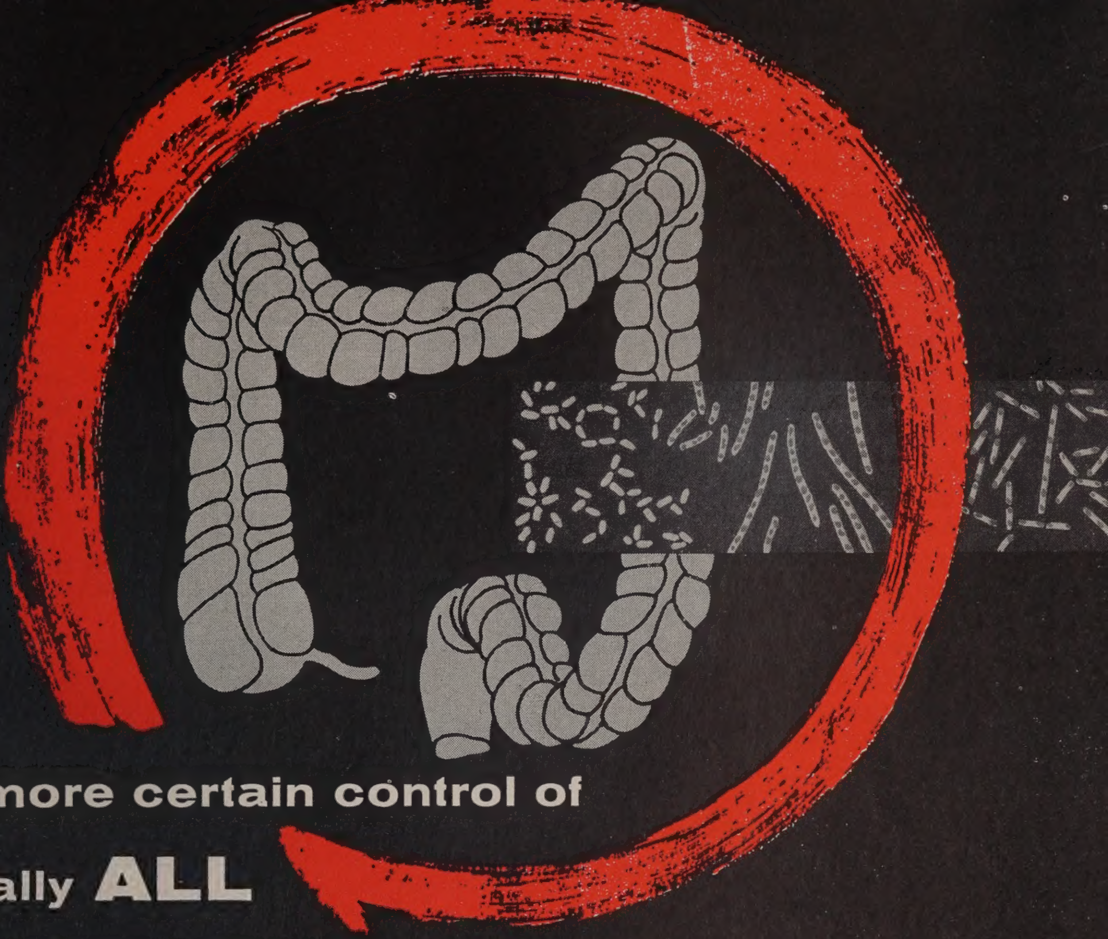
Charles D. Hauser, M. D., Youngstown; University of Buffalo School of Medicine, 1896; aged 82; died April 7; member of the Ohio State Medical Association and the American Medical Association; Fellow of the American College of Surgeons. A physician of long standing in Youngstown, Dr. Hauser had been honored with the 50-Year Award of the OSMA. He was first elected to the American College of Surgeons in 1915. Dr. Hauser was a veteran of World War I, having served as captain with the Army Medical Corps. He was a member of the Elks Club and the Youngstown Club. Surviving are his widow, a daughter and two sisters.

Hugh H. Hengstenberg, M. D., Cincinnati; University of Cincinnati College of Medicine, 1925; aged 57; died March 27 as the result of a traffic accident; member of the Ohio State Medical Association, the American Medical Association and the Industrial Medical Association. A practicing physician in Cincinnati for about 33 years, Dr. Hengstenberg was physician for the Cincinnati Gas & Electric Company for 30 years. He was a member of the Indian Hill Church, the Cuvier Press Club and the Queen City Club. Surviving are his widow, a daughter, a son and his mother.

Marvin Phillip Jaffe, M. D., Cleveland; Ohio State University College of Medicine, 1956; aged 27; died April 17 in a traffic accident. Dr. Jaffe was taking residency training at Billings Hospital in Chicago and was visiting in Cleveland when the accident occurred. He is survived by his parents and two brothers.

Samuel A. Laughlin, M. D., Aberdeen; Medical College of Ohio, Cincinnati, 1897; aged 83; died April 16; former member of the Ohio State Medical Association, and recipient of the OSMA 50-Year Award. Dr. Laughlin was a practicing physician in Brown County for virtually all of his professional career.

William E. Leever, M. D., Cincinnati; Medical College of Ohio, Cincinnati, 1901; aged 83; died



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April 4; former member of the Ohio State Medical Association and recipient of the OSMA 50-Year Award. Dr. Leever practiced in the Mt. Auburn area of Cincinnati from 1931 until his retirement in 1949. He had previously practiced in Owensville, Clermont County. Affiliations included memberships in the Masonic Lodge and the Odd Fellows. Surviving are his widow, a daughter, three sons and two sisters.

David R. Mathie, M. D., Newton Falls; University of Michigan Medical School, 1931; aged 55; died April 24; member of the Ohio State Medical Association, the American Medical Association and the American Academy of General Practice. Dr. Mathie practiced medicine in and around Newton Falls for about 25 years and was Trumbull County health commissioner since the first of the year. He was a member of the board of the Methodist Church, a member of the Kiwanis Club, several Masonic bodies and the Trumbull Country Club. Surviving are his widow, a daughter and a son.

Orrin Clark McDowell, M. D., Orrville; Ohio State University College of Medicine, 1917; aged 64; died March 28; member of the Ohio State Medical Association and the American Medical Association. Long a resident of Orrville, Dr. McDowell returned there to practice in 1920 after service in the Army Medical Corps during World War I and a short stay in Akron after the war. In addition to his practice he participated in numerous civic activities. For many years he was physician to the local high school football team; he helped organize and was first president of the Exchange Club; was a 32nd Degree Mason and a member of the American Legion. Survivors include his widow, a brother and a sister.

William R. Moore, Jr., M. D., Cleveland; Indiana University School of Medicine, 1952; aged 32; died May 4 in an airplane accident; member of the Ohio State Medical Association and the American Medical Association. Dr. Moore was a practicing physician in Cleveland. He was a veteran of World War II. Surviving are a son and his parents, Dr. and Mrs. William Moore, also of Cleveland.

Joseph A. Neuberger, M. D., Cleveland; University of Wooster, Medical Department, Cleveland, 1908; aged 81; died April 21; former member of the Ohio State Medical Association. Dr. Neuberger was a practicing physician in Cleveland for all of his professional career. Until 1920 he practiced in association with his wife, who also is a physician. He was a member of several Masonic bodies including the Consistory and Shrine. His widow, Dr. Bernice L. Neuberger, survives.

James W. Papez, M. D., Columbus; University of Minnesota Medical School, 1911; aged 74; died April 13; member of the Ohio State Medical Association, the American Medical Association and the Association for Research in Nervous and Mental Diseases. Dr. Papez had been director of the laboratory for the Columbus State Hospital since 1951. He came to Ohio from Cornell University Medical School where he was professor of anatomy. Prior to 1920 he held appointments on the faculties of Atlanta College of Physicians and Surgeons and Emory University Medical School. Surviving are his widow, two sons, a daughter, two brothers and two sisters.

James B. Penrose, M. D., Marietta; University of Pennsylvania School of Medicine, 1906; aged 76; died April 11; member of the Ohio State Medical Association and recipient of the Association's 50-Year Award; past-president of the Washington County Medical Society. Dr. Penrose practiced medicine in Marietta for 51 years. During World War I he served with the Army Medical Corps and during World War II was in charge of the Marietta medical division of Civil Defense. He was a 32nd degree Mason, a member of the Episcopal Church, Delta Upsilon and Nu Sigma Nu. Surviving are his widow, two sons and a brother.

Otto V. Pertik, M. D., Dayton; University of Budapest, Hungary, 1916; aged 64; died April 23. Dr. Pertik had been a member of the medical staff at the Dayton Veterans Administration center for about a year. He came to this country about seven years ago. Surviving are his widow, a daughter and two sons; also a sister and two brothers in Hungary.

Franklin A. Rice, M. D., Niles, Mich.; University of Wooster, Medical Department, Cleveland, 1909; aged 72; died April 9; former member of the Ohio State Medical Association; Fellow of the American College of Surgeons. Dr. Rice was a practicing physician in Cleveland for many years

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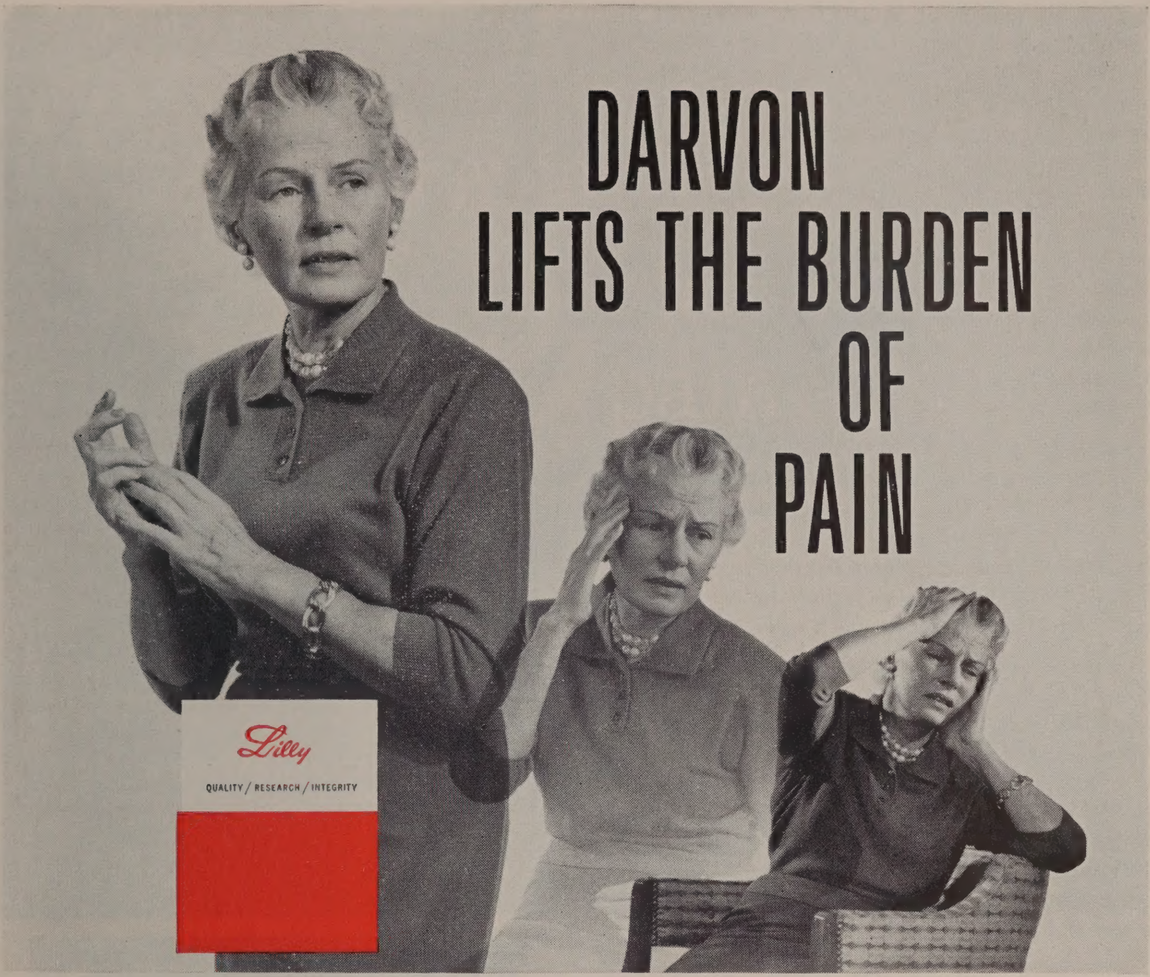

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before his retirement in 1947. A veteran of the Army Medical Corps of both World Wars, he held the rank of colonel. Affiliations included memberships in the Cleveland Library Association, several Masonic bodies, and the American Legion. Surviving are his widow; a son, Dr. Franklin G. Rice, of Niles, Mich., and two brothers.

Emma L. Templin, M. D., Hillsboro; Woman's Medical College, Cincinnati, 1891; aged 100; died April 17. Dr. Templin was a former practicing physician and before the turn of the century was a medical missionary in India for the Presbyterian Church. She had been a resident of Hillsboro for 35 years.

William Clarence Terwilliger, M. D., Akron; Chicago College of Medicine and Surgery, 1915; aged 71; died April 11; former member of the Ohio State Medical Association. Dr. Terwilliger had been a practicing physician for 43 years, 38 of them in Akron. Survivors include his widow, two daughters, three brothers and a sister.

Harry J. Wittenberg, M. D., Cincinnati; Cincinnati College of Medicine and Surgery, 1901; aged 76; died April 4; former member of the Ohio State Medical Association, and recipient of the OSMA 50-Year Award. Dr. Wittenberg practiced medicine for many years in Cincinnati and formerly was medical director of the Cincinnati Health Center, and at one time was health commissioner of Norwood. He is survived by a widow, a son and three sisters.

Ohio State Rates "Grand Rounds" TV Program in First Place

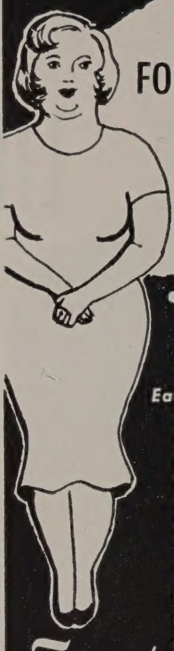
"Grand Rounds," the Upjohn Company's closed-circuit medical programs, won first award for a network educational series in a national competition sponsored by the Ohio State University. The citation was issued by the Institute for Education by Radio-Television of the University.

The next "Grand Rounds" will be telecast on the evening of June 25 from San Francisco as part of the AMA meeting there.

The Three Ohio Medical Schools Receive Education Grants

Ohio's three medical schools each received part of the $3,178,825 worth of grants from the National Fund of Medical Education.

Included in the 82 schools receiving grants are Ohio State University College of Medicine, $51,855; Western Reserve University School of Medicine, $35,930; and the University of Cincinnati College of Medicine, $37,295.



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1. Russek, H. I.: Postgrad. Med. *19*:562 (June) 1956.

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Activities of County Societies . . .

First District

(COUNCILOR: CHARLES W. HOYT, M. D., CINCINNATI)

CLERMONT

Dr. Albert H. DeGarmo, Cincinnati, spoke on the subject, "Pediatric Problems," at the April 23 meeting of the Clermont County Medical Society. The program was held at the DX Ranch, with Dr. Frederick P. Baurichter as host.

HAMILTON

"Space Medicine" was the topic for the May 6 meeting of the Academy of Medicine of Cincinnati in the College of Medicine Auditorium. The speaker was Major General Dan C. Ogle, Surgeon General, U. S. Air Force, Washington, D. C. Dinner preceded the program.

Second District

(COUNCILOR: R. DEAN DOOLEY, M. D., DAYTON)

CLARK

The Clark County Medical Society voted April 21 to back a city proposal to increase the city income tax from six-tenths of a per cent to one per cent.

Springfield city officials have maintained additional money is needed to carry out a long-range program of improvements.

By backing the proposal, the Clark County Medical Society joined some 35 other organizations here in favor of the increase.

The vote to back the tax proposal came at the general meeting of the society in Hotel Shawnee, Springfield.

Dr. Ray M. Turner, a society delegate to the state meeting, reported on the Cincinnati session.

Guest speaker at the meeting was Dr. Geo. J. Hamwi, of Ohio State University's department of endocrinology. Dr. Hamwi's topic was "Present Concepts of Adrenal Disorders and Adrenal Psychology."

The *Springfield News-Sun* cooperated with the Clark County Medical Society for Medical Education Week by publishing an illustrated article on the Society's call service.—Tom Duross.

MIAMI

A joint meeting of the Miami and Shelby County Medical Societies was held on April 3 at the Piqua Country Club for luncheon and a program. Dr. Drew J. Arnold, assistant professor of surgery at Ohio State University, discussed the subject "Regional Ileitis."

Another joint meeting of the Miami and Shelby Societies was held on May 1 with members of the Auxiliaries. After a social period and dinner, an entertaining and instructive program was presented by Ted Bumiller, Cincinnati architect and world traveler who showed his color-sound film, "By Jeep Around the World." Approximately 75 members and guests were present.

(See separate article on Page 803 in this issue, for special honors to Dr. George A. Woodhouse.)

MONTGOMERY

Dr. Robert E. Zipf, Montgomery County coroner and director of the research department at Miami Valley Hospital, addressed a joint meeting on April 16 of the Section on General Practice of the Montgomery County Medical Society and the local chapter of the Academy of General Practice. He spoke on "New Advances in Isotopic Medicine" and "Problems of the Coroner's Office."

A joint meeting of the Montgomery County Medical Society and the Dayton Surgical Society was held on April 29. Guest speaker was Dr. Orvar Swenson, chief surgeon at the Boston Floating Hospital for Infants and Children, and clinical professor of surgery at Tufts Medical School. He discussed "Abdominal Pain in Childhood."

Third District

(COUNCILOR: FLOYD M. ELLIOTT, M. D., ADA)

ALLEN

Dr. Robert C. Horn, director of the laboratory for the Ford Hospital in Detroit, spoke at the dinner meeting of the Academy of Medicine of Lima and Allen County on April 15. His subject was "Cancer of the Gastrointestinal Tract." The meeting was held at the Shawnee Country Club.

Fourth District

(COUNCILOR: PAUL F. ORR, M. D., PERRYSBURG)

LUCAS

The Academy of Medicine of Toledo and Lucas County listed the following programs on its schedule of events for April and May:

General Section, April 11 — Presentation of papers by interns and residents of Toledo Hospitals. Awards given by the Medical Advancement Trust of Maumee Valley Hospital.

Surgical Section, April 25—"Carcinoma of the Esophagus," Dr. Robert A. Mustar, University of Toronto.

May 2, General Practice Section — "Hearing Problems in Children," a discussion by a panel of physicians and lay people.

May 7, Presentation of Surgical Papers by Interns and Residents of Toledo Hospitals. Presentation of awards by the Toledo Chapter, American College of Surgeons.

May 16, Medical Section—"Current Developments in Therapy of Certain Hematological Problems," Dr. Henry E. Wilson, professor of Medicine and vice-chairman, Department of Medicine, Ohio State University.

May 22-23—Inter-Hospital Postgraduate Lecture Series, Dr. Philip Thorek, clinical associate professor of surgery, University of Illinois, on the theme, "Practical Aspects of Surgical Problems."

SANDUSKY

A joint dinner meeting of the Sandusky County Bar and the Sandusky County Medical Society was held on March 15 at the Fremont Country Club with members' wives as guests. The Bar Association was in charge of arranging the meeting at which 75 persons were present.

Fifth District

(COUNCILOR: GEORGE W. PETZNICK, M. D., CLEVELAND)

CUYAHOGA

The Academy of Medicine of Cleveland held a joint meeting with the Northern Ohio Pediatric Society on April 18.

A panel discussion on the subject, "Congenital Anomalies," was held in the late afternoon with Dr. E. W. Gerrish as moderator. The following physicians participated, emphasizing the phases indicated: Dr. A. G. Steinberg, "Genetic Aspects of Congenital Anomalies"; Dr. F. E. Nulsen, "Hydrocephalus"; Dr. D. T. Shaw, "Congenital Anomalies of Lip and Palate."

Following a social period and dinner, Dr. H. William Clatworthy, Jr., chief of the Department of Pediatric Surgery, Columbus Children's Hospital, spoke on the topic, "Surgery of Congenital Defects."

The annual "President's Meeting" was held on May 16, with Dr. Thomas D. Kinney, giving the president's annual report. Other reports also were given.

Guest speaker for the occasion was Dr. Thomas A. Dooley, who operated a hospital at Nan Tha in Viet Nam during its desperate struggle with the Communists. His topic: "Medico—A Single Candle in Laos."

It was at this meeting that the Woman's Auxiliary presented its skit, "Mink-Coated Pill."

Sixth District

(COUNCILOR: CARL A. GUSTAFSON, M. D., YOUNGSTOWN)

STARK

The Stark County Medical Society met on April 10 in the Beldon Hotel in Canton and heard a talk by Dr. William N. Taylor, professor of

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urology at Ohio State University College of Medicine, on the topic, "Urinary Fistulas."

SUMMIT

A socio-economic program was arranged for the April 1 program of the Summit County Medical Society. The general theme, "Local Medical Economic Problems," was discussed by a panel consisting of the following persons: Dr. Robert M. Bartlett, moderator; Drs. Millard C. Beyer, Glenn V. Hough, R. Franklin Jukes and Donald I. Minnig.

The Summit County Medical Society held its regular meeting on May 6. Dinner was held in the Akron City Club with the meeting following in the Auditorium of Akron General Hospital. The speaker was Dr. William L. Riker, assistant professor of surgery, University of Illinois, who spoke on "Surgery of Congenital Heart Disease." At the same meeting the "Uterine Cancer Detection" film was previewed by members before a scheduled showing by lay groups.

MAHONING

Two authorities on crash injuries spoke before Mahoning Medical Society at a special meeting April 29 in the Elks' Club. They were John O. Moore, director of the Automotive Crash Injury Research Institute of Cornell University Medical College, and Dr. Robert W. Hopkins, chief of trauma service, Cuyahoga County Hospital, Cleveland.

Moore talked on "Identification and Magnitude of the Crash Injury Problem." Dr. Hopkins spoke on "Care of the Multiple Injury Patient." The meeting was sponsored by the Youngstown trauma committee of the American College of Surgeons, with Dr. S. W. Ondash as chairman.—*Youngstown Vindicator.*

TRUMBULL

An informative discussion on "Experimental Hypertension" was presented at the April 23 meeting of the Trumbull County Medical Society. The meeting was held in the Trumbull Country Club with refreshments and dinner, followed by the discussion and a business meeting.

Joseph R. Kahn, pathologist and director of laboratories at Crile Veterans' Hospital in Cleveland, and Dr. Norman Shumway, chief of medicine at Crile Hospital, presented the discussions. They both studied with Dr. Goldblatt who made outstanding contributions to modern concepts regarding hypertension.—Society News Letter.

Seventh District

(COUNCILOR: ROBERT HOPKINS, M. D., COSHOCTON)

BELMONT

A joint meeting of the Belmont County Medical Society with the Auxiliary and the Belmont County Bar Association with its Auxiliary was held on May 15 at the Belmont Hills Country Club. Dinner was followed by the program which centered around the films "Medicine and the Law," and "The Doctor Defendant."

Eighth District

(COUNCILOR: WILLIAM D. MONGER, M. D., LANCASTER)

MUSKINGUM

Three organizations joined forces to present a program at the Zane Hotel, Zanesville, on April 24. Sponsors were the Muskingum County Medical Society, the Licking County Medical Society and the Scientific Council of the Central Ohio Heart Association.

Speaker was Dr. A. Carlton Ernstene, chairman of the Division of Medicine, Cleveland Clinic, a vice-president of the American Heart Association, and the first president of the Ohio State Heart Association. His subject was "The Clinical Spectrum of Coronary Heart Disease."

Ninth District

(COUNCILOR: C. L. PITCHER, M. D., PORTSMOUTH)

SCIOTO

The Scioto County Medical Society had as guest speaker on April 14 Dr. Winslow Bash, Columbus, epidemiologist for the Ohio Department of Health, whose topic was "Nursery Centered Staphylococcus Outbreaks." The evening meeting was at the Nurses' Recreation Hall of the Portsmouth General Hospital where a buffet supper was served.

Dr. William A. Christopherson, professor of pathology, University of Louisville Medical School, spoke at the May 12 meeting of the Scioto County Medical Society in Portsmouth. His subject was "Cervical Cytology."

Tenth District

(COUNCILOR: E. H. ARTMAN, M. D., CHILLICOTHE)

KNOX

Dr. Samuel L. Gerber, Cleveland, Cuyahoga County coroner, spoke at the joint meeting of the Knox County Medical Society and the Knox County Bar Association in Mt. Vernon on April 17.

Eleventh District

(COUNCILOR: H. T. PEASE, M. D., WADSWORTH)

LORAIN

The April 8 meeting of the Lorain County Medical Society was held at the Oberlin Inn, Oberlin. Sixty-five members were present.

Mrs. H. A. Zealley, new executive secretary, was presented. Dr. Myers also announced the

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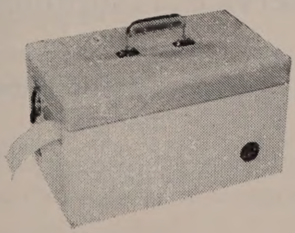

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opening of the Society's office: Room 311, Elyria Block Bldg., Elyria.

Jonas Marukas, Ph. D., clinical chemistry, was elected Honorary Member. Dr. Robert Vandervort, Elyria, and Dr. Abraham Klar, Lorain, were both accepted as associate members of the Society.

The major portion of the meeting was devoted to insurance, and adoption of the Ohio State Medical Council recommendation concerning Third Party Medical Care Plans.

The Annual Lorain County Medical Symposium was announced. This was scheduled at the Oberlin Inn, May 7.

The eleventh Annual Symposium sponsored by the Lorain County Medical Society was held May 7 at the Oberlin Inn, with 99 members and guests in attendance. The speakers were all from the faculty of the School of Medicine of Western Reserve University. The program arranged by Dr. R. G. Thomas of Elyria was as follows:

"Management of Carcinoma of the Cervix"—Dr. Edward J. Quilligan, asst. professor of obstetrics and gynecology.

"Recent Accomplishments in Cardiovascular Surgery"—Dr. Jay L. Ankeney, senior instructor in thoracic surgery.

"The Postmature Infant"—Dr. Charles McClelland, asst. clinical professor of pediatrics.

"The Basis for Anti-Hypertensive Therapy"—Dr. Robert F. Williams, asst. professor of medicine.

Following the cocktail hour and dinner there was a brief business meeting, at which time Dr. J. R. Bay was elected to active membership. The after dinner speech was presented by Dr. Jack Cole, associate professor of surgery, on "Management of Polyps of the Colon."

Seventeen members of the intern and resident staffs of the Elyria Memorial and St. Joseph's Hospitals were guests of the Society at the Symposium and dinner.—L. C. Meredith, M. D., Secretary-Treasurer.

AMEF Board Is Increased To 15 Members

Foundation President George F. Lull has announced that four new members have been added to the board of directors of the American Medical Education Foundation, expanding the board from 11 to 15 members. They are: Dr. Lowell T. Coggeshall, Chicago; Dr. Hugh H. Hussey, Washington; and Dr. Dwight Murray, Napa, Calif., and Dr. Walter B. Martin, Norfolk, Va., both recent past presidents of the AMA.

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4 or more, each	3.46			3.17
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New Members of OSMA

The following are the names of the new members of The Ohio State Medical Association since April 1st, 1958. The list shows the county in which they are affiliated, city in which they are practicing or temporary address in cases where physicians are taking postgraduate work.

Cuyahoga County

Georg Bosse, Cleveland
Robert E. Dunn, Cleveland
James P. Frackelton, Westlake
Richard F. Grochocki, Cleveland
George L. Hoffmann, Jr., Cleveland
Elwood G. Nader, Cleveland
Linell L. Rodgers, Cleveland

Franklin County

Robert C. Anderson, Columbus
Jack C. Bass, Columbus
Ollie E. Southard, Columbus

Hamilton County

Gertrude B. Brecht, Cincinnati
Joseph D. Broderick, Cincinnati
Robert G. Burt, Cincinnati
Norton Dock, Cincinnati
David W. Elliott, Cincinnati
Charles D. Feuss, Jr., Cincinnati
Stanley J. Lucas, Cincinnati
Lloyd E. Owens, Terrace Park

Lucas County

Mary A. Lenkay, Toledo
Franz B. Ruwe, Toledo
John L. Zimmerman, Toledo

Montgomery County

Gene P. Omlor, Dayton
William D. Roberts, Dayton
Charles E. M. Wenyon, Dayton
John R. Whitaker, Dayton

Ross County

Carl A. Henderson, Chillicothe

Seneca County

Maria Garlo, Tiffin

Summit County

Leslie A. Fink, Akron
Samuel C. Hardy, Akron
Thomas R. Kelly, Akron
Francis C. Meszaros, Akron
John D. Morley, Akron
Ernest H. Planck, Jr., Akron

Wyandot County

Walter B. Nozniak, Carey

Cincinnati Area General Practitioners Discuss E. N. T. Problems

The Southwestern Ohio Society of General Physicians met on March 9 for a program on "E.N.T. Problems and Allergic Respiratory Disease," in collaboration with the University of Cincinnati College of Medicine.

Guest speaker was Dr. E. L. Derlacki, associate professor, Department of Otolaryngology, Northwestern University Medical School. Local physicians participating included Dr. William C. Thornell, Dr. Henry M. Goodyear, Dr. Ray Hilsinger, and Dr. Albert R. Zoss.

Service Award Winner Is Honored By Puerto Rico Legislature

Dr. Tom Douglas Spies of Birmingham, Ala., who received the AMA Distinguished Service Award at the New York meeting in June of last year, was honored recently in a joint resolution adopted by the Senate and House of Representatives of the Commonwealth of Puerto Rico. The Puerto Rico resolution honored Dr. Spies specifically for bringing to the island the first doses of folic acid and vitamin B-12 to be used experimentally in cases of sprue.

Cook County Graduate School of Medicine

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SURGERY—Surgical Technic, two weeks, July 21, Aug. 18. Basic Principles in General Surgery, two weeks, July 7. International College of Surgeons General Surgery Course, two weeks, July 7. Surgical Pathology, two and four weeks, by appointment.

GYNECOLOGY—Vaginal Approach to Pelvic Surgery, one week, July 14.

FRACTURES—Clinical Course, two weeks, by appointment.

PEDIATRICS—Clinical Course, two weeks, by appointment. Neuromuscular Diseases, Cerebral Palsy, two weeks, July 7.

RADIOLOGY—Clinical Diagnostic X-Ray, two weeks, by appointment.

UROLOGY—Cystoscopy, ten-day practical course, by appointment.

DERMATOLOGY—Clinical Course, by appointment.

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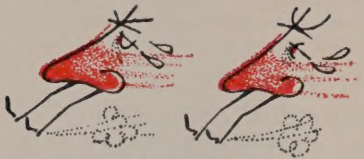

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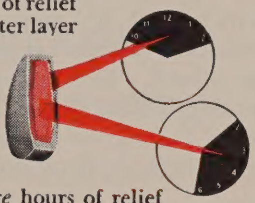

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Activities of Woman's Auxiliary . . .

CHAIRMAN PUBLICITY COMMITTEE—Mrs. W. J. Horger, 1100 Ohio Ave., East Liverpool, Ohio (See Page 697 for roster of officers.)

FAIRFIELD COUNTY

Woman's Auxiliary to Fairfield County Medical Society had a luncheon on April 8 at the Lancaster Country Club. Thirty-five ladies in spring attire attended this special guest day meeting. The hostesses were Mrs. Fred Jones, Mrs. R. A. Welsh and Mrs. J. Hoodlett.

In the absence of the president, Mrs. G. LeSar, Mrs. Chas. Clark, vice-president, presided. Mrs. Jas. Beasley introduced the guest speaker, Mrs. C. E. Wintringham of Ada who held the attention of the group with her chalk drawings and philosophical monologue.

The Lancaster-Fairfield Hospital Nurses' Home was the meeting place on April 25 for 122 High School juniors and seniors. The following schools were represented:

Liberty Union; Berne Union; Carroll; Rushville; Thornville; Millersport; Pleasantville; Hebron; Newark; Canal Winchester; Pickerington; Thurston; Amanda; Lancaster High School and St. Marys High School. Each spring the Woman's Auxiliary to the Fairfield County Medical Society gives interested high school students an opportunity to learn more about the profession of modern nursing.

Student nurses conducted the girls through the hospital and the nurses' home, pamphlets on Nursing Careers were available for those interested, and refreshments were served from an attractive tea-table in the library.

Mrs. Chester Swett, general chairman for the tea, was assisted by a committee of several Auxiliary members.

LUCAS

It was guest day at the Academy of Medicine April 8, where members of the Auxiliary to the Academy invited representatives of other city-wide organizations to meet for dessert luncheon and to hear Kevin McCann, president of Defiance College and special assistant to President Eisenhower.

Hostesses for the meeting were Mrs. Harold Shapiro and her co-chairman, Mrs. J. B. Hirsch, assisted by a committee.

Dr. Myron Means, past adviser to the auxiliary from the Academy; Dr. Harvey Gunderson, president of the Academy; and Mrs. V. R. Frederick, president of the State Medical Auxiliary, were among the especially invited guests.

A short business meeting was presided over by Mrs. David Katchka, Auxiliary president.

Mrs. C. J. A. Paule announced the winners in the American Physician and Surgeons' Essay Contest sponsored recently in schools. First prize went to Kenneth Alexander, Whitmer High School. Second prize was won by Robert Dopler, Central High and third went to Shirley Ann Wyse of Archbald German High.

MAHONING

Mrs. Earl H. Young was elected president of the Woman's Auxiliary to the Mahoning County Medical Society for the coming year at the annual business meeting which followed a luncheon Wednesday, April 15, at the Pick-Ohio Hotel. Mrs. Cary S. Peabody, the retiring president, presided.

With other new officers, Mrs. Young was formally installed at a dinner May 7, at Youngstown Country Club. The program featured a skit which was directed and produced by members of the group.

Mrs. A. E. Rappoport was named president-elect, Mrs. C. E. Pichette, vice-president, Mrs. Edward G. Rizk, recording secretary, Mrs. James A. Patrick, corresponding secretary, and Mrs. Edward M. Thomas, treasurer. The report of the nominating committee was submitted by Mrs. Craig C. Wales.

Dr. Allen Schmuller of Westminster College, presented as guest speaker by Mrs. Rizk, the program chairman, gave an illuminating review of the situation facing colleges and universities today.

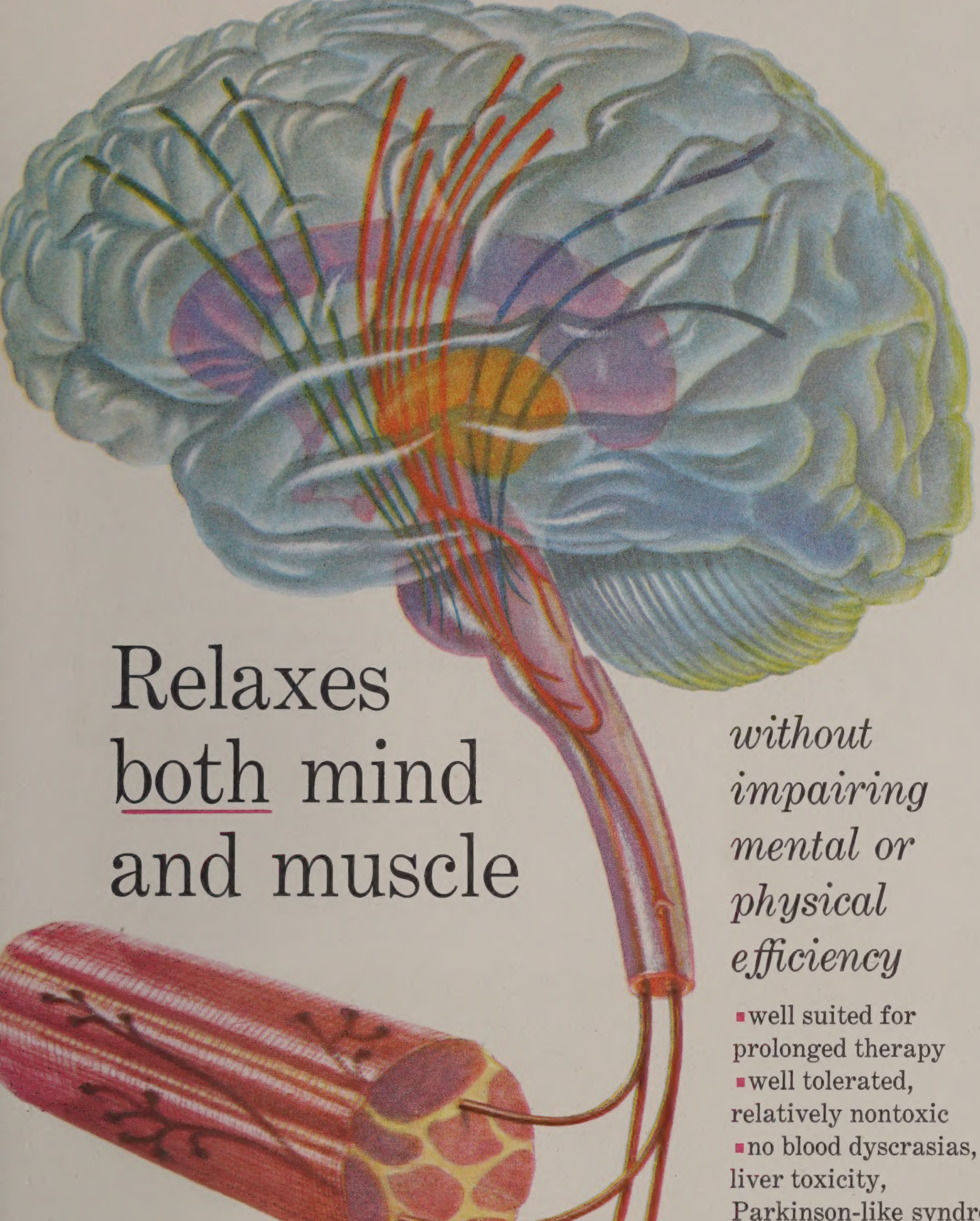
Mrs. Young gave the invocation. Mrs. Wayne Agey, legislation chairman, urged the members to vote in the coming election. Mrs. S. G. Patton, Jr., gave a comprehensive report on civil defense and asked members to attend the special classes being offered by the local Civil Defense Corps.

MIAMI

On April 12 the Woman's Auxiliary to the Miami County Medical Society sponsored a dance at the Troy Country Club. The proceeds will provide tuition for two girls through the nurses training school of their choice.

Chosen because of their excellent credentials are Mary Hemmert and Nancy Smith, both of local area.

Miss Hemmert, daughter of Mrs. Clifford A. Hemmert of Rt. 1, Piqua, a graduate of Piqua Catholic High School, will enter training next summer at Good Samaritan Hospital, Dayton. Miss Smith, graduate of Bradford High School, will train at Miami Valley Hospital, Dayton. She



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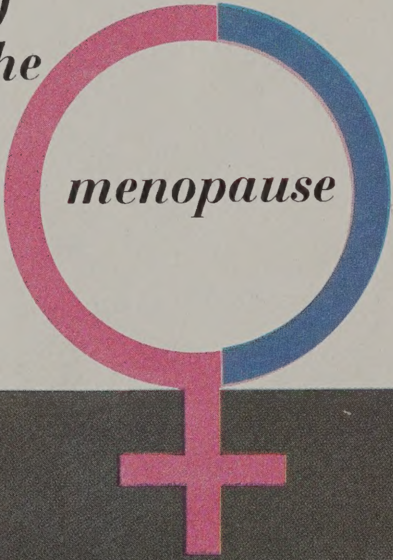

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SCIOTO

A personally conducted tour of the historical museum of Dr. Paul E. Bennett highlighted the April meeting of the Woman's Auxiliary to Scioto County Medical Society. Dr. Bennett's museum contains Indian relics and unusual archaeological findings from this area as well as objects of historical interest from various countries.

The doctor was assisted in conducting the tour by Ralph Servey.

The tour followed a 1:30 dessert and business meeting at the home of Mrs. A. L. Berndt. Mrs. Berndt was assisted by Mrs. Carl Braunlin and Mrs. Ross Moore Gault.

At the business meeting conducted by Mrs. William C. Hugenberg, reports were made by the following committee chairmen: Mrs. Joseph T. Gohmann of the nurse recruitment committee on the tea and tour of Mercy Hospital, School of Nursing in February; Mrs. Howard E. Baughman, Jr., health magazine subscription; Mrs. Robert N. Counts, ways and means; Mrs. Samuel L. Meltzer, radio health reporter program, and Mrs. Jerome Sheets, national bulletin.

Mrs. J. P. McAfee, chairman of the American Medical Education Foundation, reported that she has sympathy and memorial cards for those wishing to contribute to the foundation, which was established in 1951 by the American Medical Association for private support of medical schools in this country and for expanding medical education. Mrs. McAfee also reported that the auxiliary is contributing a memorial to the foundation in memory of the late Mrs. Frederick Gillig.

As a service of the AMA, members were given family health record booklets by Mrs. Armin Melior for distribution among other organizations and for patients in local hospitals.

Delegates to the state auxiliary convention in Cincinnati were Mrs. Hugenberg and Mrs. Melior, the alternate delegate Mrs. William Singleton.

Plans were made for entertainment of the wives of doctors who were scheduled to attend the General Practitioners District meeting in Portsmouth.

STARK

April 23, the president's gavel of the Woman's Auxiliary to the Stark County Medical Society was handed to Mrs. R. K. Ramsayer by the outgoing president, Mrs. R. G. Spitzer. Sixty members were present for the luncheon and election at Massillon Woman's Club.

Mrs. Lloyd Dowell of Massillon was voted president-elect.

Other new officers are Mrs. Harry W. Beck,

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vice-president; Mrs. Henry Clapper, corresponding secretary; Mrs. Frederick J. Raisch, recording secretary; Mrs. Frank Schirack, Treasurer, and Mrs. William Bogedain, assistant treasurer.

The three top winners of the American Physicians' and Surgeons' essay contest sponsored recently in schools by the auxiliary were guests at the meeting. They are Miss Janet Holshoy of Jackson High School, Miss Shirley Ann Rocovitz of Lehman and Miss Wilma Whiteley of Northwest High School. Certificates of merit were presented the three winners. Mrs. Howard Ickes, contest chairman, submitted her final report.

Mrs. Spitzer reported on the state convention held in Cincinnati. Together with other local auxiliaries, the Stark County Auxiliary received a certificate showing it is a component unit of the Woman's Auxiliary to the Ohio State Medical Association. Other awards were for the best program in an auxiliary of more than 200 members and a certificate of appreciation for donating more than $1,000 to the American Medical Education Fund.

Delegates to the convention were Mrs. Mark Herbst, Mrs. John Seesholtz and Mrs. William White.

During the program, Mrs. J. Atlee Frederick reviewed the book, *Don't Eat the Daisies.*

A spring decorating theme featuring yellow flowers and foliage decorated the tables. Mrs. Roy H. Clunk served as chairman with the Massillon members as hostesses.

SUMMIT

The Woman's Auxiliary to the Summit County Medical Society met for a luncheon April 1 at the Woman's City Club, Akron.

Mrs. R. R. Pliskin presided at the business meeting which included the election of the following officers for the year 1958-1959:

President, Mrs. Devitt L. Gordon; president-elect, Mrs. Robert J. Hemphill; vice-president, Mrs. Carl T. Korsmo; recording secretary, Mrs. A. H. Loomis; corresponding secretary, Mrs. B. F. Suffron; treasurer, Mrs. Robert S. McMillen.

Delegates to State Convention April 15-17, in Cincinnati were:

Mrs. Philip B. de Maine, Mrs. Joseph J. Eckert, Mrs. H. E. Muller. Alternate, Mrs. Donald I. Minnig.

Mrs. H. W. Allison, program chairman, introduced the speaker Mrs. Ralph W. Kelly from Rocky River. Frances Kelley, Cleveland musician, entertained with vocal and piano illustrations of well known operas.

Again the table centerpiece was auctioned for AMEF. This brought the total for the year to $319.57.

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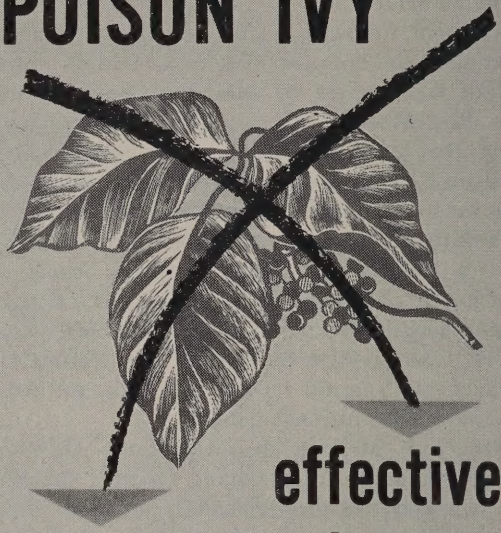

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400—	"	47.50	400—	"	30.00
500—	"	52.00	500—	"	35.00
1000—	"	62.50	1000—	"	42.50
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FORD, R. V., Rochelle, J.B.III, Handley, C. A., Moyer, J. H. and Spurr, C. L.: J.A.M.A. **166**:129, Jan. 11, 1958.

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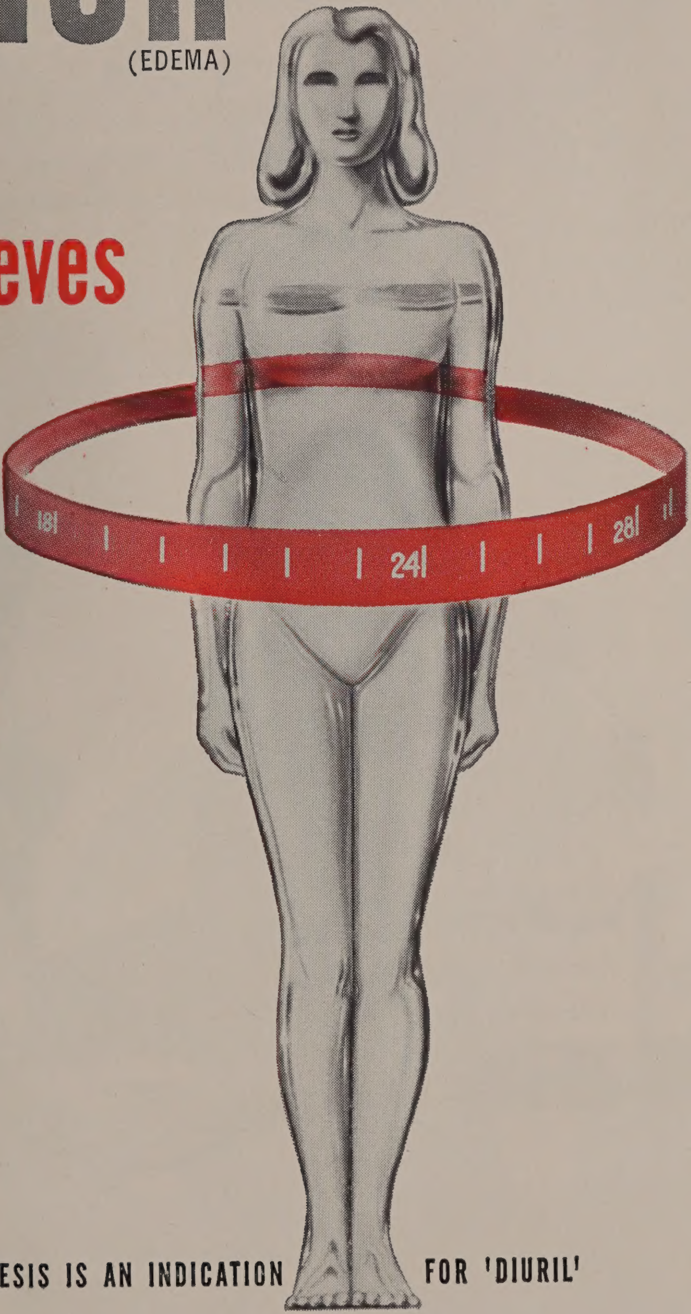

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1. Weinberg, A., and Werner, W. E. F.: Am. Pract. & Digest Treat. 6:580 (April) 1955.
2. Codling, J. W., and Lowden, R. J.: Northwest Med. 57:331 (March) 1958.

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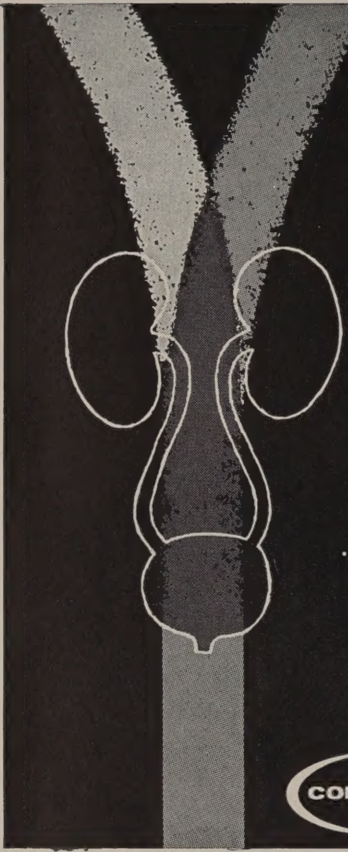

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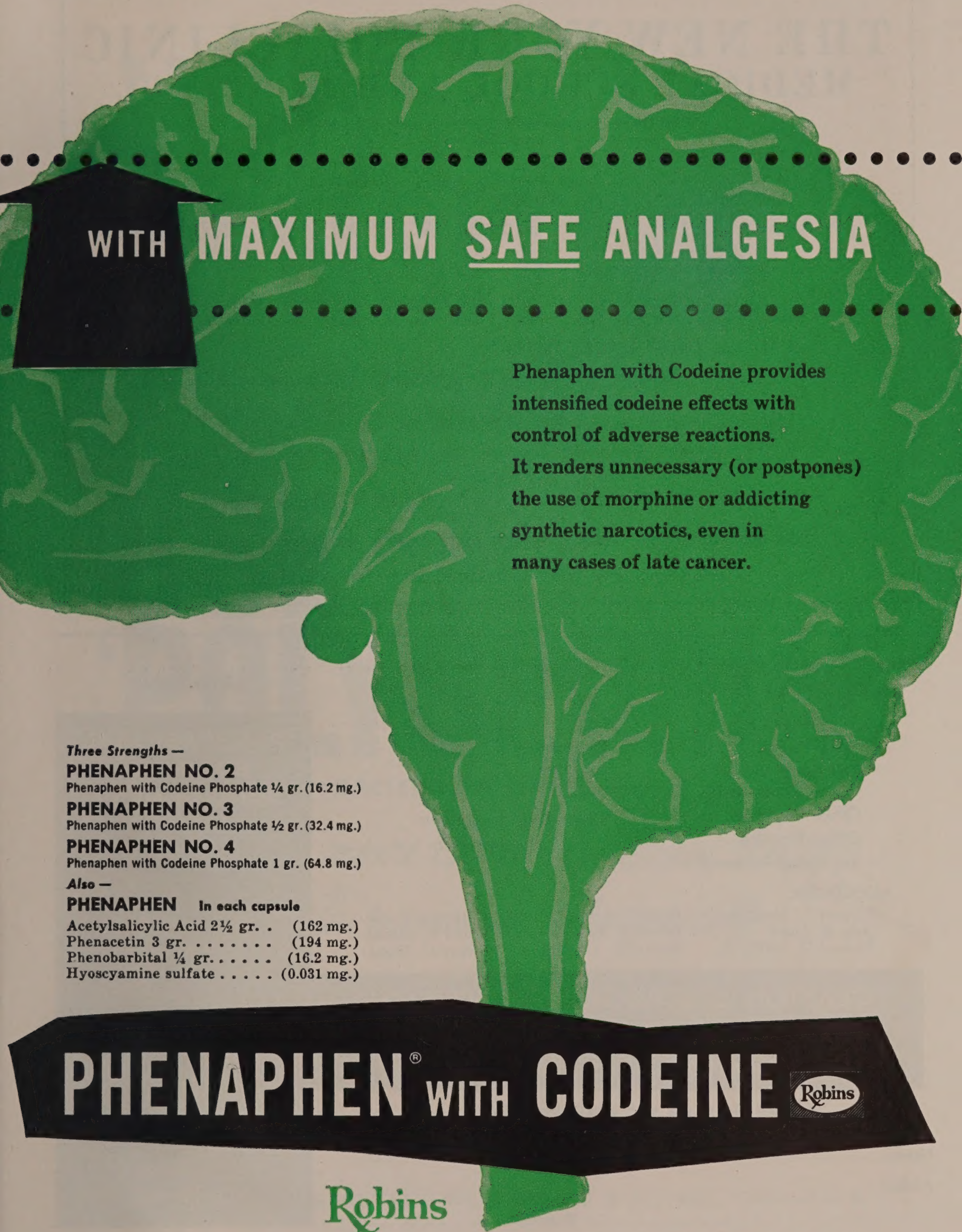

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Ohioans To Participate on National Chest Physicians Program

Several Ohio physicians will participate on the program for the 24th Annual Meeting of the American College of Chest Physicians. The meeting is in San Francisco, Calif., June 18-22. Ohioans included on the program are the following:

Dr. B. L. Brofman, director, cardiovascular research, Mount Sinai Hospital, Cleveland, will participate in a discussion on "Coronary Disease Including Medical and Surgical Therapy."

Dr. Karl P. Klassen, chief of the thoracic surgery service, Ohio State University, Columbus, will discuss the subject, "Biopsy Procedures in Chest Diseases."

Drs. Neil C. Andrews, chief of surgery, Philip C. Pratt, chief of laboratories and A. J. Christoforidis, chief of radiology, Ohio Tuberculosis Hospital, Columbus, are co-authors of a paper to be presented entitled, "Bronchogenic Cysts in Patients Presumed To Have Pulmonary Tuberculosis."

Dr. Earle B. Kay, director of cardiovascular surgery, St. Vincent's Charity Hospital, Cleveland, will participate as a panel member in a "Clinical Cardiac Conference."

Dr. F. Mason Sones, Jr., director, Cardiac Catheterization Laboratory, Cleveland Clinic Foundation, will present a paper on "Intercardiac Anatomy in Patients with Congenital Heart Lesions."

Dr. Henry A. Zimmerman, chief of the cardiovascular service, St. Vincent's Charity Hospital, Cleveland, will participate in a round table discussion on the subject, "Selection of Patients for Surgery with Acquired Valvular Lesions."

Dr. Ray W. Kissane, professor of medicine in cardiology, Ohio State University, will participate in a discussion on "Trauma and Heart Disease (Rehabilitation)."

Dr. Joseph F. Tomashefski, assistant professor of medicine and physiology, Ohio State University, will take part in a round table discussion of the subject, "The Evaluation of Disability in Industrial Lung Diseases."

Dr. Earl T. Carter, assistant professor of preventive medicine and physiology, Ohio State University, will take part in a discussion on "Problems in the Selection of Patients for Travel by Air—Present and Future."

The Arthritis and Rheumatism Foundation, 10 Columbus Circle, New York 19, is offering predoctoral, postdoctoral and senior investigatorship awards in the fundamental sciences related to arthritis for work beginning July 1, 1959. Deadline for applications is October 31, 1958.

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Physicians seeking locations in Ohio are invited to contact the Physicians' Placement Service in the executive offices of the Ohio State Medical Association, 79 E. State St., Columbus 15. Through this medium efforts are made to establish communications between physicians seeking locations and communities where physicians are needed, or other physicians who are in need of associates.

DOCTOR'S OFFICE FOR RENT: Vacated due to death. A perfect setting for general practice. This 5-room office is fully equipped; heat furnished; elevator service; private parking. Located in physicians' building. May be rented with or without equipment. City pop. 45,000; excellent hospital facilities. Medical laboratory in building. For information call: Jesse J. Hedges, West Village Dr., Newark, Ohio; Phone DIamond 4-4940.

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COMING MEETINGS

Ohio State Medical Golfers Association, 33rd Annual Tournament, Springfield Country Club, June 13; Robert Ellwell, 3101 Collingwood Blvd., Toledo 10.

American Medical Association, Annual Session, San Francisco, June 23-27.

West Virginia State Medical Association, Annual Meeting, White Sulphur Springs, W. Va., August 21-23.

Ohioans Participate in Minnesota State Association Meeting

Two Ohioans were among the guest speakers at the 105th Annual Meeting of the Minnesota State Medical Association, May 22-24 at Minneapolis. Dr. James W. Reagan, associate professor of pathology and director, Laboratory of Cancer Research, Western Reserve University School of Medicine, Cleveland, spoke on "The Cell as a Mirror of Disease." Dr. R. W. Kissane, clinical professor of medicine, Ohio State University College of Medicine, Columbus, participated in a panel discussion on "Medico-Legal Aspects of Heart Disease."

Berea—Brook Park Grange members were told by Dr. Edward Chester about the structure of the heart, its functions, diseases and operative repairs.

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REFERENCES: (1) Roy, T. E.; Collins, A. M.; Craig, G., & Duncan, I. B. R.: *Canad. M.A.J.* 77:844 (Nov. 1) 1957. (2) Schneierson, S. S.: *J. Mt. Sinai Hosp.* 25:52 (Jan.-Feb.) 1958. (3) Hasenclever, H. F.: *J. Iowa M. Soc.* 47:136, 1957. (4) Rhoads, P. S.: *Postgrad. Med.* 21:563, 1957. (5) Caswell, H. T., and others: *Surg. Gynec. & Obst.* 106:1, 1958. (6) Josephson, J. E., & Butler, R. W.: *Canad. M.A.J.* 77:567 (Sept. 15) 1957. (7) Petersdorf, R. G.; Curtin, J. A., & Bennett, I. L., Jr.: *Arch. Int. Med.* 100:927, 1957. (8) Waisbren, B. A., & Strelitzer, C. L.: *Arch. Int. Med.* 101:397, 1958. (9) Holloway, W. J., & Scott, E. G.: *Delaware M. J.* 29:159, 1957. (10) Murphy, J. J., & Rattner, W. H.: *J.A.M.A.* 166:616 (Feb. 8) 1958. (11) Neter, E., & Hodes, H. L.: *Pediatrics* 20:362, 1957. (12) Woolington, S. S.; Adler, S. J., & Bower, A. G., in Welch, H., & Martí-Ibañez, F.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 365.

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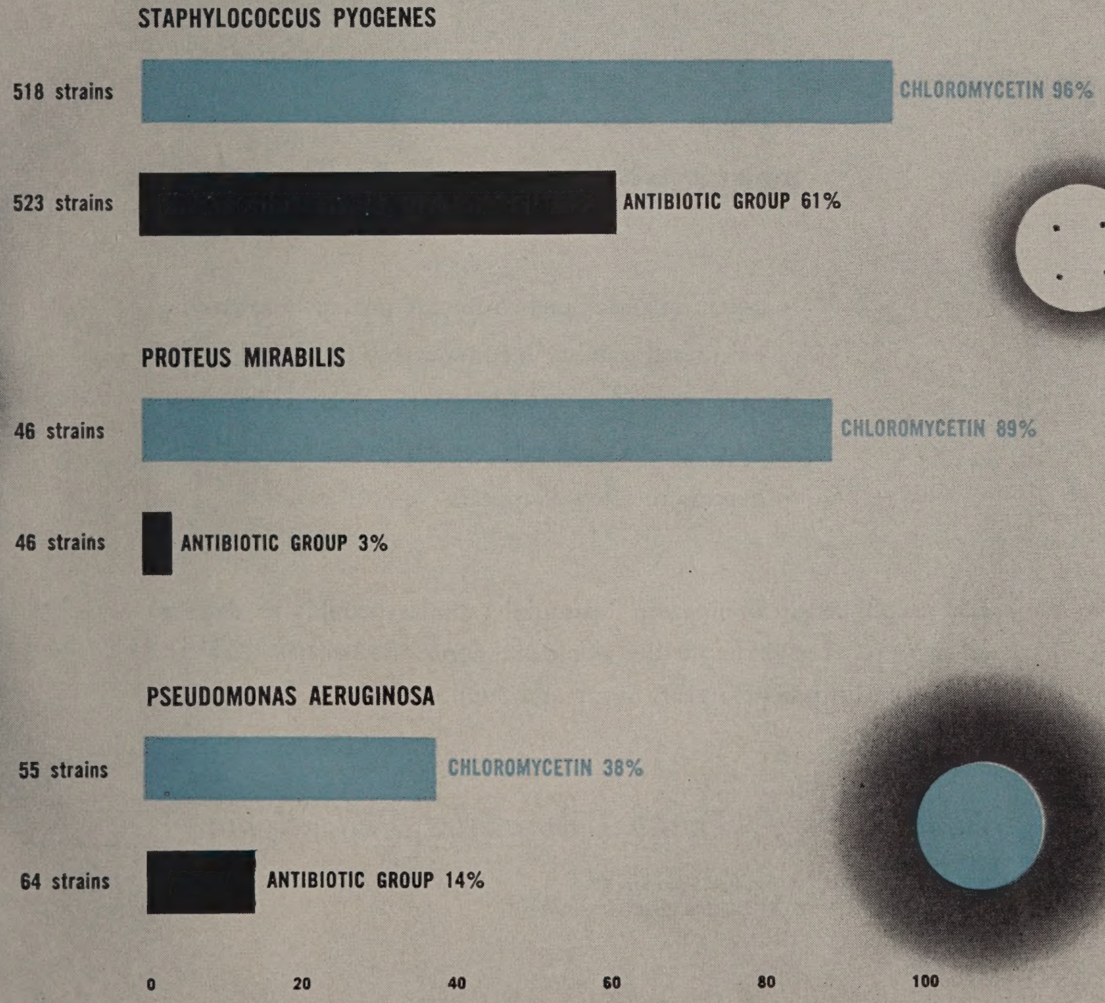

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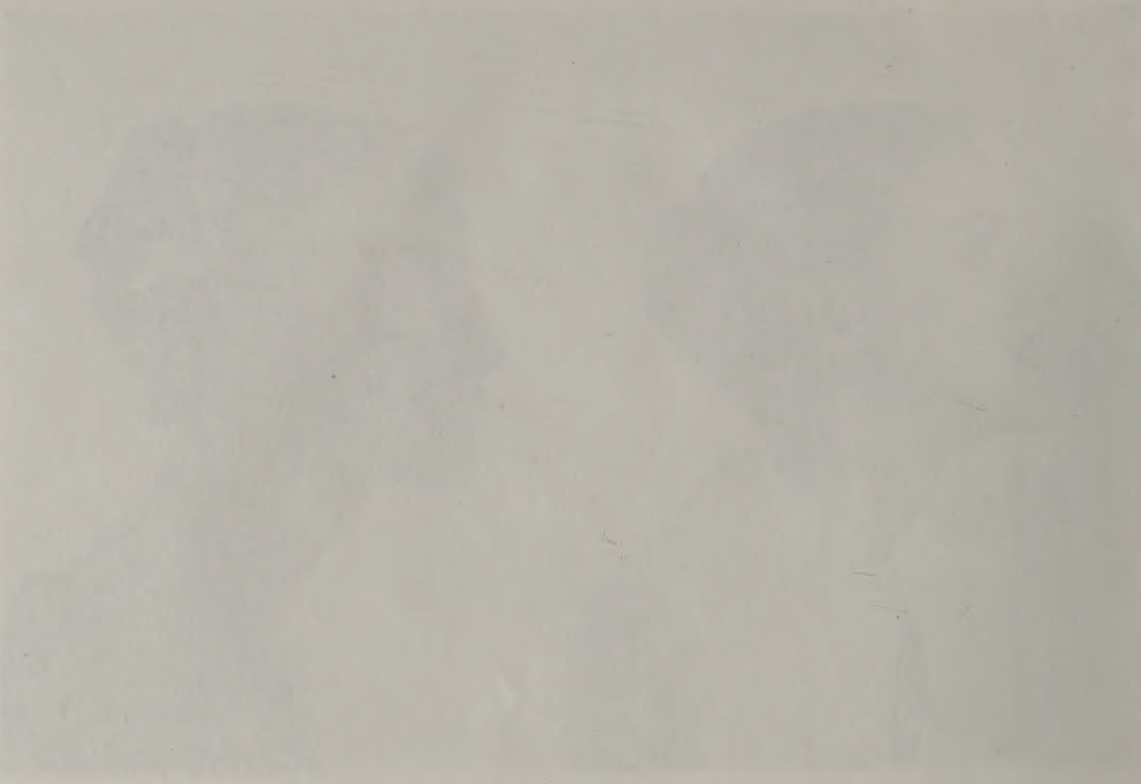

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